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STATE OF NEW YORK.

FIRST ANNUAL REPORT

OF THE

STATE COMMISSION IN LUNACY.

—1889.—

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New York. State Legislature.

FIRST ANNUAL REPORT

OF THE

STATE COMMISSION IN LUNACY

FOR THE YEAR 1889.

COMMISSIONERS:

CARLOS F. MACDONALD, M. D., *Chairman*,

GOODWIN BROWN, | HENRY A. REEVES.

T. E. MCGARR, *Secretary*.

TRANSMITTED TO THE LEGISLATURE JANUARY, 1890.

LARGE 1890

ALBANY:

JAMES B. LYON, STATE PRINTER.

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STATE OF NEW YORK.

No. 36.

ERRATA.

Page 5, subdivision (a), second line, after word Auburn, insert words:
"Willard Asylum for the Insane, Willard."

Page 14, first paragraph, fifth line, the word "insane" should read
"sane."

STATE COMMISSION IN LUNACY.

STATE OF NEW YORK:

EXECUTIVE CHAMBER,
ALBANY, *January 29, 1890.* }

To the Speaker of the Assembly:

I have the honor to transmit herewith the annual
report of the State Commission in Lunacy for 1889.

DAVID B. HILL,
Governor.

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STATE OF NEW YORK.

No. 36.

IN ASSEMBLY,

JANUARY 29, 1890.

FIRST ANNUAL REPORT

OF THE

STATE COMMISSION IN LUNACY.

STATE OF NEW YORK:

EXECUTIVE CHAMBER,

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REPORT.

OFFICE OF THE STATE COMMISSION IN LUNACY, }
ALBANY, *January 29, 1890.*

To the Governor :

The enactment of chapter 283, Laws of 1889, to establish and organize the State Commission in Lunacy and to define its duties, must be deemed to have been a recognition by the people of the necessity for placing the relations of the State to its insane upon a more comprehensive basis than had before obtained, so as to secure better safeguards against possible abuses and wrongs in the commitment, custody and control of insane patients. The establishment of a new Commission, organized with direct regard to such a result, was the culmination of an agitation which has been in progress for a number of years, and it clearly showed the intention of the people and of their representatives to pursue a policy which should finally and completely separate the insane from other objects of the State's charities.

The asylums of the State may properly be divided into three classes : The public, the quasi-public and the private.

1. The public asylums comprise State institutions, namely, those created and maintained by the State, in the following order of establishment :

(a.) New York State Lunatic Asylum, Utica ; State Asylum for Insane Criminals, Auburn* ; Hudson River State Hospital, Poughkeepsie ; State Homœopathic Asylum, Middletown ; Buffalo State Asylum, Buffalo ; Binghamton Asylum for the Insane, Binghamton ; State Emigrant Hospital, New York ; St. Lawrence Asylum, Ogdensburg (now in process of erection).

(b.) To these should be added two institutions closely allied namely, the State Idiot Asylum at Syracuse and the Custodial Asylum for Feeble-minded Women at Newark, Wayne county.

(c.) The asylums of the counties of New York, Kings and Monroe, which, by operation of law, are legally permitted to care for all their insane.

* New buildings for insane criminals are being erected at Matteawan, Dutchess county.

(d.) The poor-houses of the following counties, which by exemption from the operation of the Willard Act, through the State Board of Charities, have been permitted to care for certain of their chronic insane: Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Queens, Suffolk, Tioga, Ulster, Wayne, Wyoming. [Clinton county exempted by special act of the Legislature.]

(e.) The poor-houses of the following non-exempted counties, which care for certain of their chronic insane without authority of law: Albany, Allegany, Cayuga, Chemung, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Livingston, Monroe, Montgomery, Niagara, Ontario, Orleans, Otsego, Putnam, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Seneca, Steuben, Sullivan, Tompkins, Warren, Washington, Westchester, Yates.

2. The quasi-public: Bloomingdale Asylum, New York city; Providence Asylum, Buffalo; and the Marshall Infirmary, Troy.

3. The private asylums: Long Island Home, Amityville; Brunswick Home, Amityville; Loudon Hall, Amityville; Keith Home, Brooklyn; Dr. Brown's Asylum, New York; Hill View, Lake George; Dr. Choate's Asylum, Pleasantville; Dr. Parsons' Home, Greenmont; Glen Mary Asylum, Owego; Sanford Hall, Flushing; Dr. Combes' Sanitarium, Woodhaven; Brigham Hall, Canandaigua; Highland Home, Highland; Dr. Kittredge's Asylum, Fishkill; St. Vincent's Retreat, Harrison.

The number of insane in custody under the above division on the 1st day of October, 1889, was as follows:

State asylums	5,442
Counties of New York, Kings and Monroe	6,970
Exempted counties	1,848
Non-exempted counties	385
City alms-houses	6
Quasi-public	541
Private asylums	315
<hr/>	
Total	15,507
State Asylum for Idiots	477
Custodial Asylum for Feeble-Minded Women	250
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The aggregate population of the foregoing is 15,507 insane, 477 idiots, 250 feeble-minded women.

WORK OF THE COMMISSION.

The Commission consists of three members, the statute requiring that one "shall be a reputable physician, a citizen of the State and a graduate of a regularly incorporated medical college, having been at least ten years in the actual practice of his profession and who has had experience in the care and treatment of the insane and in the management of institutions for the insane;" one "shall be a reputable member of the bar, of at least ten years standing and a citizen of the State;" and the third shall be "a citizen of reputable character." The law thus provides, at least theoretically, for a central board to exercise general supervision and oversight over the application and operation of the lunacy statutes, and qualified to regulate other matters pertaining to the welfare of the insane, whether of a medical, legal or business nature.

The Commission must meet as often as once in three months and at such other times as the exigencies of the service may require. It must keep records of the name and residence of each judge authorized to approve medical certificates of insanity and to commit insane persons to custody; also records of name, residence and certificates of every qualified medical examiner in lunacy.

It must, within one year, register in its office all insane persons in custody in every institution within the State at the date of the act (May 14, 1889), giving sex, name, age, nativity, occupation, etc.; also it must register the same and some additional facts concerning every insane person admitted to institutions since the passage of the act.

The whole Commission, or a majority thereof, at least twice in each year, must visit "every asylum and institution in which the insane are in legal custody in this State;" inspect every part of the buildings; examine records, methods of administration, dietary, stores, etc.; see every patient whenever practicable; examine attendants and employés; and confer with managers, trustees or other authorities. At the close of each visit they must enter, in a book provided for that purpose, their recommendations, and in case such recommendations are not carried out, they must proceed by methods marked out in the statute to enforce them.

The medical and legal commissioners must, soon after the close of each quarter of the year, visit each asylum and institution to which insane persons are admitted on certificates ; must see each person admitted during the previous quarter and give each an opportunity to converse with them apart from the officers and attendants, if so desired ; must examine the commitment of each patient admitted during the quarter to see if it be legally sufficient, and if not, must direct the discharge of the patient ; and must examine all the detained correspondence of patients and direct the forwarding or withholding of the same as their judgment may dictate.

The medical commissioner must visit all institutions where the chronic insane are in legal custody, once in each year ; must see all patients therein and give them an opportunity to converse with him privately ; must examine the methods of bathing, dietary, occupations and amusements of patients, restraints used, hospital treatment, etc. ; and must specially look into the night service and the condition of filthy, disturbed or violent patients.

The Commission, at its first visit to any licensed institution, must examine to see how far it is conducted in conformity to the terms of the license, and may amend or revoke any existing license.

The Commission must investigate cases of alleged wrongful detention in custody, or cruel or negligent treatment, and other like matters relating to care, keeping or supervision of the insane ; if necessary, must issue process and examine witnesses under oath ; in case of refusal or neglect by the authorities to obey any order that may be made, it must appeal to a justice of the Supreme Court for such further proceedings as may be necessary.

The Commission must annually report to the Governor its official action and such other facts in regard to the insane, as may be useful for his information.

It thus appears that the medical and legal commissioners are required to make 132 visits each year ; that the medical commissioner is required to make twenty-two visits a year, and that the whole Commission, or a majority thereof, is required to make 106 visits ; so that in all 260 visits must be made to the various institutions in the State. In view of the vast extent of the State and of the fact that the institutions to be visited are widely scattered over its area, the enormous amount of work appointed to be done by the Commission, under the terms of the statute, becomes

apparent. It is forced to the conclusion that literal compliance with the requirements of the act would be physically impossible. The necessary labor incident to organization of the office and other details of the Commission's work, has consumed so much time that all the prescribed visits have not and could be not made; but its aim and effort has been to comply with the spirit and purpose of the law so far as lay in its power. The Commission is of opinion that the amount and frequency of visitation required by the present law is more than is necessary to enable it to properly exercise its visitorial functions; that two thorough visits a year to each of the institutions, together with the special visits that may be necessary from time to time, would accomplish all that is needed in this direction. It might also be well to authorize visits by a single commissioner, thereby dividing and facilitating that branch of the Commission's work. It is feared that if such an amendment to the statute is not made, the Commission cannot perform all the work for which it was created, as, beside visiting institutions, there is a large amount of detail work which it is absolutely necessary should be performed, and which it will be impossible to perform if the time of the commissioners is to be spent in traveling. As before noted there can be no question but that, in creating the Commission the Legislature and the people must have designed to consolidate in its hands the supervision of the insane, and to establish for them a legal status entirely different from that of any other object of its charities; but the statute did not unequivocally transfer to the Commission all the powers and duties relating to the insane heretofore possessed by the State Board of Charities. The Commission would, therefore, suggest that such powers relating to the insane as may be found still belonging to the State Board of Charities should be devolved upon the Commission, to the end that the work of the two bodies can be entirely separated. In the present state of the case, uncertainty and confusion are inevitable. While the powers which the State Board of Charities can exercise over any matter relating to the insane are at most restricted within very narrow limits, yet they may be enough, when exercised independently of or in conflict with the Commission, to raise doubt and cause serious annoyance if not difficulty among managers, trustees or officers of institutions for the insane, especially of the exempted county poor-houses, some of whom have already expressed to the

Commission a strong sense of embarrassment and trouble in deciding what they ought to do when, as may happen, a seemingly divided duty presents itself. It is neither proper nor just that these officers and managers should be subjected to visitation by two boards, nor that they should be required to make reports upon the same subject to two boards. All the powers and duties relating to the insane should be exercised by one board or the other, and it would seem that the act of the Legislature in creating a State Commission in Lunacy raises a clear and strong presumption in favor of completely divorcing the State Board of Charities from all relations to or connections with the insane. The charities of the State are large enough to furnish an ample field for all the energies of the two bodies, and there need be no difficulty in arranging this matter to their mutual satisfaction. In fact, the Commission has no reason to believe that the State Board of Charities would not cordially assent to the proposition to divide the work as above suggested. As will be seen from his report about to be presented to the Legislature, the superintendent of one State institution complains that the time of his medical staff is largely taken up in furnishing information and carrying out the requests of various public officers of the State, and he very properly suggests that one report should be sufficient.

REGISTRATION OF THE INSANE.

Until the completion of the registration provided for by the act creating the Commission, it will be impossible to accurately state the number of insane in custody in the State. No person can be said to be insane who has not been legally so declared. The State takes no action in regard to persons supposed to be insane who have not been so adjudged. It is, therefore, not necessary to make any calculations or provisions in regard to such supposed insane persons, but it is necessary that the insane who are in actual custody should be properly registered, and therefore the provision by the statute for registration in the office of the Commission of all the insane in the State would appear to be a wise one. As this work is not required to be completed until a year has elapsed from the time of the passage of the act, the work has not yet been finished. This is due, in large part, to the fact that hundreds of insane persons were found in the various institutions for the care and treatment of the insane without certificates, or

held under those that were defective. The Commission has been obliged to insist in all cases that such persons shall be examined in order to legally determine their insanity. As a result, hundreds of persons have been examined and certified as insane. After this work is wholly completed, it will be possible, for the first time in the history of the State, to give reliable information as to the number and classification of the insane in custody.

STATE ASYLUMS.

The State asylums, exclusive of two in process of construction, represent for lands, buildings, furniture, repairs, etc., a permanent investment by the State, up to October 1, 1889, amounting to \$7,361,614.38.

The annual disbursements for officers' salaries, clothing, and all ordinary expenditures for maintenance, closely approximate \$1,100,000.

The management of a system so vast, and the expenditure of such enormous sums of money may well excite the interest of the humblest citizen. Aside from the purposes which these institutions serve in ministering to the wants of suffering humanity, their financial aspects are entitled to the most serious care and study. While some just complaint may possibly be made that a portion of the large sums appropriated by the State for the construction of these institutions has been improperly and perhaps wastefully expended, in the main the expenditure has been justified by the results obtained. It should be remembered, too, in any proper consideration of this subject, that a number of these institutions were erected at a time when the State was suffering most severely from the demoralizing effects of the civil war, and from the extravagance and corruption which always flow from violent civil commotion. It may be doubted, however, whether such vast sums were ever expended with less of public scandal and jobbery than were disclosed in the building of these asylums. Such examination of the subject as the Commission has been able to make, leads it to believe that any cause of complaint which may properly be made either as to the sums expended in the erection of the asylums, or as to those expended in the care and maintenance of the insane population contained therein, has been the fault, almost entirely, of the system and not of the individuals administering it. It is the system rather than the

individuals administering it to which we must chiefly look for results, good or bad. Any system, however good, may be greatly impaired by the incompetency or dishonesty of those administering it; but, if it is bad, no good results need be expected, no matter how able or how zealous those who administer it may be.

With the exception of the State Lunatic Asylum, at Utica, which was opened in 1843, the State asylums are of comparatively recent origin. In fact, with that exception, they have all grown up during the past quarter of a century. A period of twenty-six years (if we except the State Asylum for Insane Criminals elapsed between the opening of the first and second; but from that time the increase of these institutions has been comparatively rapid, and two others are now in process of erection.

The governmental system applied to the first State asylum for the insane was largely based on the ideas and information derived from the experience of other States and countries; its fundamental structure has remained unchanged, but various important modifications have been incorporated in it. Its general features were repeated in each of the other State asylums as they were successively organized under special acts, which, like their prototype have been frequently amended or enlarged in subsequent statutes. Naturally, perhaps inevitably, these several statutes, prepared and passed to meet particular purposes, have not been subject to any general oversight, and have not had due relation to the harmony or symmetry of a general policy, the result being that the lunacy laws of the State, so far as they affect these institutions are in a confused and incongruous state, out of which doubt as to their meaning and effect frequently arises in the minds of judges and lawyers not less than of the lay public.

It is probably within the bounds of truth to say that the financial affairs of the State asylums for the insane can not be understood without a careful and long continued study of the accounts of each one. The financial methods prescribed in each organic act or formulated by the officers in charge at each institution differ widely, and no sufficient effort seems to have been made to bring about uniformity in the systems of account. It should be possible for any person who thoroughly understands the system of one asylum to understand that of any other; and it would be so, were there a uniform system applying to all. It would then be possible to make useful comparisons between them. Certain

it can not be more difficult to unify the accounts of State institutions than to unify the accounts of a great railroad or other business corporation, having larger transactions and greater complexity of interests.

The systems of records and statistics in vogue at the several State asylums show the same lack of uniformity. They seem to have been developed according to the varying views of managers and superintendents, until to-day divergent features and forms are found to such an extent that, in order to make any intelligent comparison or get any valuable information, one must study separately and carefully the system of each institution. The statistics are of no value in themselves; it is only as deductions for future guidance or enlightenment can be drawn from them that they justify any outlay of time or money. There should be uniformity in the objects and methods for and by which these asylum statistics are gathered, or else their collection and compilation might as well be dropped.

It is the belief of the Commission that the system of both accounts and statistics at the State asylums can be unified, to the decided advantage of the State and the institutions, and it will be its aim to help secure this result. Indeed, it has already suggested a conference of asylum managers and superintendents with itself, with a view to agreement upon some uniform system of both accounts and statistical records, which step has been deferred only because of lack of time.

REVISION OF STATUTES RELATING TO THE INSANE.

While the Commission is of opinion that the statutes relating to the insane need some revision, it is not prepared to advocate any radical change, but it is content for the present to call the Legislature's attention to those provisions relating to the government of institutions and to the property rights of the insane. It appears to the Commission, from the experience thus far had, that the statutes governing the commitment of patients need comparatively little amendment. The wisdom of that portion of the codification of the statutes adopted by the State in 1874, relating to the commitment of the insane, is now clearly apparent, and reflects the highest credit upon the authors of that revision. While the Commission has found numerous instances in which the commitment papers were defective, it has yet to find an

instance in which a sane person has been incarcerated within an asylum, or where the certificate of lunacy was obtained through fraud, or with any wrongful intent. In nothing is the wisdom of the revision of 1874 shown more clearly than in the power that is given to establish forms and to regulate the requirements, within certain limits, necessary to legalize the commitment of a person to an asylum. The regulations authorized by this act of 1874 have remained in force to this time without amendment. Experience and new conditions demonstrate, however, that some modification of these requirements is now demanded, and the Commission contemplates making such modification at an early date. When this action is taken, it is believed that little or no trouble will be experienced in the commitment of insane persons to asylums.

The laws governing the commitment of the insane should not be cumbersome to the extent of producing needless annoyance and undue publicity. While every safeguard should be provided to prevent the incarceration of an insane person in an asylum, care should also be taken that the statute should not be so difficult of interpretation and execution as to obstruct the reception of a person who needs immediate care and treatment. Moreover, of the hundreds of recently committed patients that came before the Commission, there were none of whose insanity any reasonable doubt was felt. The present method of commitment is comparatively simple and easy of execution. The certificate of two physicians, approved by a judge of a court of record, is sufficient to procure the commitment of an insane person, although the judge may call a jury to determine the question, if he so desires, or he may require further evidence. When the statement is made, as it often is, that it is easy to procure the incarceration of a sane person in an asylum, it should be remembered that in order to accomplish such a result, there must be a conspiracy between at least four persons—the two certifying physicians, a judge of a court of record and the superintendent or medical officer of an asylum—all of whom are presumably disinterested parties. It may be admitted that mistakes in diagnosis of physicians may occur, yet even these are exceedingly rare, as is shown by the records of asylums. The Commission, therefore, believes that under the power which it now possesses, whatever

deficiencies exist in the matter of commitment to asylums can be remedied by the adoption of an improved form of certificate. It has been suggested, moreover, that no person should be committed to an asylum except upon a judicial order. It should not be forgotten that the approval of the certificate by a judge of a court of record constitutes a judicial order in every proper sense of the word; but it is urged that, if the approval now provided for is expressly termed in the statute an order, a judge would exercise more care, thus implying that judges are careless and indifferent about the performance of their duties so far as they relate to the spirit of the statute. In any event, a judge who would negligently or thoughtlessly approve a certificate of insanity, would negligently or improperly make a judicial order to the same effect.

OFFICIAL RESPONSIBILITY.

The superintendent or chief medical officer of every asylum should be clothed with the absolute power of appointment and removal of all officers subordinate to himself. It is doubtful if the best results can be obtained under any other system. As the law now stands, boards of managers or trustees of the State asylums have the power of appointment of the superintendent. The power is also given them to appoint, on the nomination of the superintendent, all of the resident officers, so called, that is the assistant physicians, steward and matron; and while the superintendent may, for cause, temporarily suspend a resident officer, the right is reserved to the managers to confirm or disapprove such suspension. Instances are not wanting of discord between the superintendent and resident officers. This is not as it should be. The superintendent should be held to a strict accountability for the acts of his subordinates; but he can not be so held unless he is possessed of the power of appointment and removal. The existing method tends to weaken discipline, to produce a want of harmony and to create constant friction. The superintendent is appointed on the theory that he is competent for the position. If he is competent, he should be allowed to select and remove his subordinates. If he is not competent, he should not hold the position.

PRIVATE PATIENTS.

The policy of the State, certainly as it has been interpreted during the past few years, in relation to the admission of private patients into public asylums, in the judgment of the Commission,

should be radically changed. It must be borne in mind that the State asylums were erected and are maintained solely for the benefit of the dependent insane. It never was intended, as the terms of the statute clearly indicate, that they should be used by persons able to pay for their own support, except under peculiar circumstances.

The statute is as follows: "Whenever there are vacancies in the asylum, the managers may authorize the superintendent to admit, under special agreement, such recent cases as may seek admission under peculiarly afflictive circumstances, or which, in his opinion, promise speedy recovery."

It is difficult to understand the meaning of this statute, and to this extent there is a justification for the practice which has grown up with regard to private patients in certain cases; but the admission of wealthy private patients, who pay from ten to fifty dollars per week, and occupy an amount of room which might suffice for several patients, is clearly inadmissible. The class of patients who can afford to pay fifty or even twenty-five dollars per week, can readily obtain private care under competent physicians outside. This practice might not be so objectionable if the asylums were not over-crowded, while a large number of insane poor are still confined in county poor-houses. To exclude such private patients may sometimes be a hardship, but unless the State's policy in this matter is to be changed from what a fair interpretation of the statutes shows it to be, the admission of such patients should be discontinued. It may be said that not a very large number of them are now admitted, but such as are admitted occupy an amount of space which might more properly be accorded to the class for whom the asylums were established. It is suggested that the remedy for this evil lies in the State prohibiting a private patient from paying a greater sum than the sum charged for the support of the so-called pauper and indigent insane, and limiting the accommodation furnished such private patients to a similar scale. If private patients desire to come in under such terms and are given the same amount of room-space as the so-called pauper and indigent patients, and the "circumstances" are such as the statute contemplates, there would seem to be no objection to the practice. The Commission is aware that, on behalf of receiving wealthy patients, it is urged that the State is a gainer pecuniarily, and that the profit derived from such patients inures to the bene-

fit of all. It is questionable, however, whether a careful examination would bear out this hypothesis. Patients who pay as much as twenty-five or fifty dollars per week, usually receive the care of one or more attendants, and are allowed an extra amount of room, also the use of more expensive furniture, a more generous diet, etc. There is another side to the question which should not be forgotten, and that is that the State should not permit even the suspicion that class distinctions prevail in one of its public institutions. The insane poor should not be subjected to comparisons which are inevitably made between their condition and that of the wealthy patients constantly under their observation. A public asylum for the insane should provide the same treatment and care and the same comforts to all its inmates, no matter what their pecuniary condition may be.

There appears to be a wide diversity of opinion in relation to the propriety of the State making provision for and taking care of the rich class of private patients. The question at this time, however, is not to be determined upon an ideal theory, but upon the law and facts as they now exist. The asylums are crowded, and there are hundreds of insane poor yet to be provided for, and the law says that private patients shall only be admitted under peculiar circumstances. These asylums were established for the insane poor. Therefore, if both classes can not be accommodated, the private patients must give way to the class for which the asylums were intended. It has been suggested that the State should establish asylums for private or paying patients, and that such patients should not be denied the great benefits which accrue from asylum treatment as furnished by the State, but it may be answered that the State has never shown a disposition to adopt such a policy. Future experience may demonstrate the propriety of the State entering upon a different course than that which the present law contemplates, but until that is done, the law as it exists should be obeyed, or at least not evaded, no matter how worthy the motives or humane the impulse of those who believe in a liberal construction of the statute towards private or paying patients.

In connection with this subject it may be stated, that by a recent amendment to the English lunacy laws, to take effect this year, provision is made for the admission of private patients to public asylums upon such terms as the governing boards may

think fit. Power is also given to such boards to make alterations and additions required for the accommodation of private patients, subject to the approval of a Secretary of State; or private patients may be provided with a distinct, separate asylum; and a class of private asylums known as "licensed houses" may be purchased and placed under local authority.

DISCHARGE OF INSANE FROM CUSTODY.

Strangely enough, as it seems to the Commission, the insane, so far as being discharged from custody is concerned, are placed by the statute upon the same footing as a certain grade of criminals who are confined in penal institutions under indefinite sentences. For example, the original act governing the State asylum at Utica, provided and still provides, that an inmate shall only be discharged on the order of the board of managers. So far as the insane in county poor-houses are concerned, they can be lawfully discharged only on the order of a county judge. The fact seems to have been entirely lost sight of that the question of insanity is purely one of fact; that the power to deprive a person of liberty by reason of insanity is given by the statute mainly for the purpose of securing to him an opportunity for proper treatment, and that the instant a person ceases to be insane, the State has no longer any right to keep him in custody. The moment it is determined by competent authority that a person is sane, he should be at once discharged from legal custody, no matter what his condition in other respects may be. One result of this statute has been that in many instances it is disobeyed. For example, the managers and superintendent, realizing its injustice, have evaded it, justifiably as they doubtless think, by "furloughing" or paroling a patient and afterwards formally discharging him. It is a question that can only be determined by the medical officers. A patient who, in the judgment of the chief medical officer, has recovered, should not be obliged to wait a moment after such officer has determined that he has recovered and may be properly discharged. It is difficult to discover upon what grounds such statutes were ever enacted. During the visits of the Commission this matter has been frequently discussed with the medical officers of asylums, and in no instance has an explanation been suggested. On the contrary, they agree that the statute

in this respect should be changed. The Commission, therefore, recommends that the statute be amended so as to vest the power of absolute discharge in the chief medical officer of an asylum.

LAWS RELATING TO THE CHRONIC INSANE.

It is believed that the medical profession are now substantially agreed in holding that all medical and legal distinctions among the insane should be abolished — in other words, that all statutes tending to fix chronicity on any insane person should be repealed, and that differences of treatment based on that term should be harmonized. To state the matter more precisely, all insane persons should be treated solely with reference to the cure of their disease, and the State's purpose and effort to secure, if possible, the restoration of every patient should never be abandoned. To this end, the Commission advises that legal restrictions or regulations applying to the chronic insane asylums be so far modified as to admit of the reception and treatment in them, of persons who have recently become insane, and that the statutory provisions recognizing the distinction above set forth be repealed.

TRANSFER OF THE INSANE.

Under existing law, with certain exceptions, there is no provision for the transfer of an insane person, other than a criminal, from one asylum to another. This is oftentimes desirable. For example, that a patient committed to a State asylum should be transferred to a private asylum, or *vice versa*; or that a person committed to one private asylum be transferred to another. Such transfer, however, should be surrounded with proper safeguards, and there would seem to be no objection to the statute providing for such a transfer upon the approval of the Commission. Under the laws governing the prisons of the State, a convict may be transferred upon the order of the Superintendent of Prisons from one prison to another, and there is no reason why the same principle should not apply to the insane.

REMOVAL OF THE INSANE FROM THEIR HOMES TO ASYLUMS.

The system which is now permitted by law of transporting the so-called pauper or dependent insane from their homes to asylums, in the judgment of the Commission, should be changed. Examination of the subject reveals the fact that in most instances

such insane are transported to the asylum by local officers, who receive a certain compensation depending upon the number of miles traveled ; also, certain fees prescribed or provided for by law. This practice should be condemned, because it is open to grave abuses. There should be no inducement for any class of officials to desire to take the longest route, or to make more than one trip in transporting the insane. An informal complaint was recently made to the Commission that, frequently, patients suffering from recent insanity were taken in the first instance to the county poor-house ; left there for a few days, and then removed to the asylum, and this for the purpose, as the complainant informed the Commission, of making extra fees and mileage.

The statute should also be amended so as to provide that in the case of the transfer of women patients they should be accompanied in all cases by a woman, since such patients require certain attentions which properly can not be given by men.

It even happens, too, that it becomes necessary to remain over night upon the route, and it is then especially that a woman attendant should always be present. It is suggested that the system which prevails in the State of Massachusetts and at the New York State Reformatory of sending experienced officers, to take charge of convicted persons might be applied with advantage to the insane.

SERVICE OF LEGAL PAPERS UPON THE INSANE.

The statute should specifically prescribe how and by whom civil process of any kind should be served upon inmates of an asylum. The attention of the Commission having been called to the matter, it finds that there are no special provisions of law relating to the subject. In the absence of a judicial order, the matter now rests entirely in the discretion of managers or superintendents. In some instances, no doubt, when process is served, care is taken that friends or relatives or a committee be notified, and a proper entry made upon the books ; in other cases no such precautions would appear to have been taken. It has been stated that process was permitted to be served by attorneys' clerks, in fact, it has sometimes been served by officers or attendants of an asylum, to whom it had been given with a request that the same be served. It need hardly be pointed out that under such conditions great and oftentimes lasting injustice may be done to a


helpless class of people. It is suggested that under no circumstances should process be served except by a public officer and upon the direction of the court, which shall have been informed that the person is in custody in an asylum.

DISCHARGE OF PUBLIC PATIENTS ON BONDS.

It is evident that the statutory provision for the discharge on bonds of patients committed as paupers needs revision. An examination discloses the fact that the bonds given in such cases are very seldom enforced, and that bonds are often presented in which the penalty is merely nominal. Either the practice of giving bonds for the discharge of unrecovered patients into the custody of friends or relatives should be discontinued, or the statute should be amended so that the bonds may be forfeited and collected. If a patient is to be discharged unrecovered, the State has a right to see that he shall be placed under proper control; that the public shall not be exposed to his depredations, and that he shall be comfortably cared for without further public charge. Then, too, the county or town should not be put to the additional expense of recommitting an insane person who has been discharged unrecovered upon a bond. It has been urged that a minimum sum should be fixed so that the practice of giving nominal bonds may cease. In short, as above stated, the whole practice should either be discontinued, or the statute should be amended so that it can and will be enforced.

HABEAS CORPUS.

Complaint has been made to the Commission that frequently courts, upon the return of a writ of *habeas corpus*, sued out for the discharge of an insane person from an asylum, decline to examine the medical record or permit the medical officer of such institution to be sworn. This is a matter which should receive the attention of the Legislature. While no restrictions should be interposed to prevent the discharge of a person from imprisonment under a writ of *habeas corpus*, except in the cases specified by statute, there should be no authority in the court to discharge a person from the custody of an asylum without first informing itself of the mental and physical condition of such person, nor to determine whether it is safe, legal and right to do so. Instances are by no means rare of dangerous insane persons



being discharged under *habeas corpus*. The public should not be subjected to such a risk without being apprised of its danger. Surely the testimony of a medical officer and the production of a record need not restrain a court from discharging a patient if it chose to do so, while they might serve to supply the court with full information, and therefore put upon it full responsibility.

INSANE STATE PAUPERS.

Within a comparatively recent period the Legislature has made provision for the disposal of so-called State paupers; in other words, paupers found without a legal residence, by authorizing their removal to certain institutions to be designated State almshouses. In this act provision was also made for such of the so-called State paupers as were found to be insane or should become insane thereafter. Under the operation of this statute there are a large number of State paupers in custody in different county poor-houses. An examination of the matter disclosed the fact that, under the contract entered into by the State in at least one instance the State pays precisely the same sum for the support of the sane pauper that is paid for the insane pauper, and thus the State seems to countenance the idea that the insane paupers require no better care than the sane. This proposition could scarcely be maintained without admitting that the State insane asylum system serves no useful purpose. The Commission suggests that the State insane paupers be placed under the control and supervision of the Commission, and that it be given full authority to make such provision for them as is afforded by the State to the so-called pauper insane who are chargeable to counties or town.

STATE SUPERVISION OF THE INSANE.

Of all the questions which have been under consideration relating to the care and treatment of the insane, the Commission regards this as the most important. It is a matter of such vital consequence that no reasonable effort should be spared to bring about its speedy determination. The care and treatment of the insane is not one of those problems that can be left to work itself out. It is not a case to which several policies can be successfully applied. In fact, only two have been seriously proposed. In the settlement of some public questions the matter of a few years

would not make any material difference, but this is not one of them. The question of the proper method of caring for the insane is of immediate importance and one that should enlist the earnest and thoughtful sympathy of every humane person who has ever given it serious consideration. There are in the State to-day hundreds of persons whose welfare will be immediately and permanently affected by any conclusion that may be reached, and, whatever it is, it cannot fail to vitally affect the physical well-being, the happiness, as well as the possibility of restoration to reason and liberty, of thousands of human beings, representing the most unfortunate and afflicted class in the community.

Among many grave problems which confront the State to-day, there is probably none that rivals in either social or economical importance, the question of proper care and treatment of the vast numbers who are suffering from the most serious, the most dangerous and far-reaching in effect of all diseases known to medical science; a disease involving a loss of that which alone distinguishes man from the lower animals, namely, his intellectual faculties.

This being true, it follows as a logical sequence that the State should promptly adopt and persistently follow some definite policy in dealing with this question. Indeed, such a course is urgently demanded by the present state of medical knowledge of this disease, derived from experience and observation for the past half century; and so believing the Commission, in the interest not less of humanity and justice than of true economy, feel strongly impelled to urge that steps be taken at the present session of the Legislature towards formulating a policy which, while comprehending the best results thus far attained in the scientific study of the question, and elastic enough to readily assimilate discoveries or new ideas, evolved from future investigation and progress, shall have the further merit of fixedness.

In the treatment of this subject there are some considerations which, in the judgment of the Commission, properly precede any rational discussion of the matter:

1. Insanity is a physical disease, requiring in most cases hospital care and treatment. It seems strange that it should be necessary to make this statement, yet it is clearly apparent that

there is great confusion in the public mind upon the subject. Large numbers of people believe that a person may be insane and yet in possession of perfect bodily health; in other words, that insanity may involve only the mental faculties. This theory is no longer accepted by students of insanity, whose knowledge of the subject is based on study of the physiology and pathology of the brain and competent observation of the phenomena of this disease, but is a relic of an earlier age when insanity was regarded by even the medical profession itself as a moral rather than a physical disorder; and it is only within the past century that it has come to be regarded as a purely physical ailment, requiring medical care and treatment for its alleviation and cure.

This misapprehension doubtless arose largely from the fact that the majority of the insane under treatment are usually able to be up and about, many of them apparently engaging with ease in various occupations, and oftentimes exhibiting unusual bodily and mental activity, even to the extent in some cases of requiring the combined efforts of several individuals to control the violent and destructive tendencies and movements of one unfortunate sufferer.

It is difficult for the ordinary observer to appreciate the fact that these manifestations of excessive physical and mental vigor are due to a morbid state of nervous excitement which rapidly expends itself, leaving the person in a state of weakness and exhaustion and often greatly jeopardizing the chances of recovery.

It should be understood at the outset that, strictly speaking, there is no such thing as disease of the mind. Insanity of whatever form is but a symptom of disease or disturbance of the brain, the organ through which the operations of the mind are made manifest to us. Insanity should not be regarded as a mere passing whim or fancy; neither is it eccentricity; nor are half the world, as some carelessly assert, more or less insane. On the contrary, its existence is ever and always a most significant fact. It is a grave malady, having its characteristic signs and symptoms, stages and manifestations, as have other diseases; and like them its diagnostic traits are not necessarily present in every case. The group of mental symptoms which we designate insanity is merely the outward expression on the mental side of certain morbid or diseased processes going on within the brain, which is the material organ of the mind. Neither do all diseases of the brain constitute insanity. It is only when those portions of the brain which

regulate and preside over the higher or intellectual faculties are invaded by disease that the operations of the mind become perverted; in other words, the integrity of the mental functions depends entirely upon the healthy activity of the physical organization.

Insanity, therefore, may properly be regarded as a physical disorder, an actual disease or disturbance of the brain, governed by the same general laws and to be studied in the same way as are other diseases, especially those of a nervous type, to which class of affections it properly belongs.

Much of the misapprehension in regard to insanity is attributable to the fact that persons suffering from this disease do not, as a rule, require treatment in bed. Hence, inexperienced persons frequently maintain that such patients need nothing more than seclusion and restraint. To the skilled observer, however, and more especially to those who have had practical experience in the care and treatment of the insane, the physical symptoms of the disease, such as sleeplessness, alterations of the secretions, disturbances of the bodily sensations, roughened skin, sluggish circulation, constipation, perverted appetite, and other evidences of impairment of the bodily functions, which are present in greater or lesser degree, all serve to indicate the necessity of the intelligent application of prompt and continuous medical care and treatment. Ignorance of the fact that the insane are always physically diseased, has doubtless led to the misapplication of a large amount of time and money, and to misdirected efforts looking to the care and treatment of this afflicted class, thereby preventing the cure of many unfortunates and occasioning a loss to the State of the earning capacity of many, who, had their malady been rightly understood, would probably have been restored to years of useful citizenship. Ignorance of this fact, too, has undoubtedly led to the belief that the insane could regularly perform manual labor without detriment, in fact, with benefit to themselves, it being thoughtlessly claimed that the exhibitions of strength and energy, which insane persons often display, might well be spent in useful labor. In answer to this it may be said that many apparently able-bodied patients are, by reason of their condition, wholly incapable of continuous effort, notwithstanding their willingness or even desire to engage in labor; and to permit or require them to work would tend to aggravate their condition, and, pos-

sibly, destroy the chance of their restoration to reason. Such cases need and should be given careful nursing and treatment, especially in the line of measures that are calculated to repress their morbid energy and activity. Certainly, it would be an error to assume that such cases are suffering only from disturbances of the mental faculties and are otherwise possessed of their usual bodily health.

2. Within the past half century, when insanity came to be regarded solely as a physical disorder, amenable to medical treatment, it was believed that the chances of recovery from mental disease were so slight, after the lapse of a considerable period, that the insane might properly be divided into two classes, namely, those suffering from acute and those suffering from chronic insanity. Acting upon this view of the subject, and with the concurrence of a portion of the medical profession of that time, the Legislature of the State divided insanity into two such classes. One of the earliest statutes of this State on the subject, perhaps the earliest, is to be found in the act incorporating the State Lunatic Asylum, at Utica, which provides as follows:

"The managers * * * may send back, to the poor-house of the county whence he came, any patient admitted as 'dangerous,' who has been one year in the asylum, upon the superintendent's certificate, that he is harmless and will probably continue so, and not likely to be improved by further treatment in the asylum, or when the asylum is full, upon a certificate that he is manifestly incurable, and can probably be rendered comfortable at the poor-house."

From the date of the enactment of the above statute, this legal distinction has continued, and unfortunately it exists as a medical distinction in the minds of many who believe that it is possible after a greater or less length of time to determine definitely the question of recovery of a person afflicted with insanity. In fact, it has been the policy of the State since the enactment of the statute until the present time, to make a separate provision for that class of insane known as chronic — the latter term being commonly but erroneously understood by many to mean the same as incurable. The progress of medical science, however, it is believed, has established beyond dispute that, except in a few instances, it cannot be determined to a certainty that a case of insanity is beyond recovery. It is unquestionably true, however,

that the largest percentage of recoveries occurs in those cases which are most promptly placed under proper treatment; and it is also true that a considerable proportion of persons afflicted with insanity recover after a prolonged period of years of medical treatment. Indeed, the solution of this whole difficulty would be reasonably clear, if it could be known with absolute certainty that, after being insane for a certain number of years, a person would never recover his reason. His care and treatment would then become a mere matter of maintenance and restraint, and his treatment need be nothing more than merely custodial. But the solution of this difficulty is not so easy. As above stated, it has been demonstrated beyond question in those forms of insanity which embrace a majority of the insane that neither law nor science has yet been able to positively determine that the victim of mental disease after a given length of time will never recover. This being conceded, it follows that, laying aside all questions of morality, of humanity, of sympathy or of pity, the true economy of the State demands that the utmost effort be put forth to secure to the insane that method of care and treatment which promises the best results, to cure the curable and to improve the condition of the incurable. Statistics show that the average duration of the life of an insane person is about twelve years, and, according to Horace Mann and Dr. Alexander H. Stephens, in the development of the wealth of a State the life of each individual has a financial value of \$150 per year, which value has materially increased since their day. It may also be fairly assumed that the average cost of the proper maintenance of insane persons amounts to the sum of \$200 per annum. It, therefore, appears that the State, in the one instance, loses not only the cost of maintaining such person under peculiar circumstances, but also his earnings for a period of twelve years, while in the other it would gain his earnings for a like period of time. An insane person, therefore, represents a loss for this period of time of \$4,200, while a sane person for a like period of time represents a gain of \$1,800. It only requires a presentation of such figures to clearly show the pecuniary importance as regards taxation of making every possible effort to relieve the State from the serious burden laid upon it by this disease. It is clearly evident then that the insane should be placed amid such surroundings and under such treatment as will enable the State to take advantage of the slightest evidence of return-

ing reason; to grasp the smallest opportunity presented to rescue the unfortunate sufferer from a malady which is worse than death. In a word, none should be abandoned as "hopeless lunatics." It is a sad fact to contemplate that the decree of chronicity pronounced in obedience to statutory law has had the effect in some cases of destroying the chances of recovery.

3. Very improperly, as it seems to the Commission, the major part of the insane that are cared for at public expense are classed as "pauper insane;" but it is an indisputable fact that the term "pauper" can properly be applied to only an exceedingly small per centum of the whole number so classed. In legal parlance and in conformity to the statute, it may be necessary to classify all insane persons who are cared for at the public expense as paupers, but in a moral sense to do so is the grossest injustice. The word (pauper), perhaps deservedly, carries with it stigma and disgrace. It signifies, and is generally held to mean in its true sense, a person who is unwilling to provide his own means of support, but, unfortunately, the term as commonly used includes a large number who, through no fault of their own, become charges upon the public bounty. It has been estimated by high authority that about seventy-five per centum of the so-called pauper insane were not paupers in any true sense of the word before their malady came upon them, and to say, therefore, that any treatment they may chance to get is as good as they deserve is to say that which is not borne out either by truth or justice. These people are among the most unfortunate of God's creatures; they are doubly afflicted; many of them are unable to make themselves understood or to cry out against wrongs which they may keenly feel. It is a cruel injustice to make no better provision for these people than that which is accorded to the ordinary inmate of the alms-house. Large numbers of these insane persons before becoming public charges were patients in private asylums or private patients in the public asylums of the State, whose support was paid either from their own hard-earned savings or through the generosity of friends. When these savings became exhausted or when the zeal of friends abated, these patients naturally became objects of public charity, but, notwithstanding their misfortune, they should not be regarded or treated as ordinary paupers. It should not be forgotten, too, that many of these people were formerly taxpayers and continued to be so

up to the time of their malady. There is nothing more pitiful than to find mothers who have succumbed to the burdens of child-bearing and the responsibilities and anxieties incident to rearing a large family, or over-worked fathers whose minds have given way under great mental strain, inmates of asylums, cared for at the public expense and denominated as "paupers." Such persons, if suffering from any other form of disease, might be cared for by friends or by members of their own family; but the violence and disorder which often accompany mental disease necessitates their confinement in an asylum where they are often unjustly compelled to bear the stigma of pauperism. Insanity is usually a disease of such long duration that in a majority of cases even the moderate sum charged per week for care and treatment at an asylum can not be borne for more than a comparatively short period of the time during which confinement is necessary. It is well understood that many of even self-supporting people do not possess any great amount of means over and above their present needs, so that the hard working mechanic, farmer, teacher or laborer, if attacked by this dire disease, might necessarily be obliged to become in a short time a beneficiary of the public.

The Commission desires to strongly emphasize this point, for it believes it to be one worthy of most serious consideration in determining the kind and quality of treatment which the so-called pauper insane should receive. It is well aware that the public mind is accustomed to regard all persons supported by public charity as paupers. It is also aware that not even the amount of sympathy which perhaps ought to be extended is given to the unfortunate pauper, and it is with a view of having this question more thoroughly understood that this point is so strongly dwelt upon. The fact should not for one instant be overlooked that the status of the sane pauper is entirely different, both socially and legally, from that of the pauper who is insane. In the case of the former, he is free to leave his surroundings if they are unsatisfactory; he is competent to make his complaints known. The only condition imposed is that he who receives the public aid, must receive it in the manner prescribed by the officials of the public. Not so with the so-called insane pauper. He is deprived, by the judgment of law, of his liberty, as an incident to his treatment; he is confined for the public safety as well as for his own;

he is not free to leave his surroundings; he is oftentimes unable to make his complaints known or understood; he lacks coherency; the disorder of his mind causes him to be misunderstood and disbelieved; in a word, he is often regarded as being incapable of expressing his thoughts; in fact, he often is absolutely incapable of doing so by reason of his disease. Therefore, even admitting that an insane person is a genuine pauper, it can not be held that there is any real analogy between the sane pauper and himself; hence, if it can be conceded that there is any justification for ill-treatment or lack of treatment which the sane pauper sometimes receives, it is manifestly unjust to extend such treatment to the so-called insane pauper.

The first effort toward intervention by the State in the care of the insane appears to have been made by Governor Throop in his message sent to the Legislature in January, 1830. In this message the Governor very pointedly called attention to the privation and neglect to which the insane were subjected in the county poor-houses throughout the State, and concluded by saying that "No restoration can be had under any such circumstances; indeed the instances are not rare of persons slightly deranged becoming incurable maniacs by these injudicious means." In pursuance of this message in favor of State intervention, the Assembly soon afterward adopted a resolution requiring the standing committee on charitable institutions to inquire into the propriety of making further provision for ameliorating the condition of the insane poor. No action, however, was taken upon the report of this committee. During the next year a special committee was again appointed, but no legislative action was taken. The next year, 1832, Governor Throop again called attention to the condition of the pauper insane. A special committee was appointed. This committee reported in favor of making State provision for the insane, accompanying their report with a bill for that purpose. The matter then rested until 1834, when Governor Marcy called the attention of the Legislature to the subject, making an earnest appeal in behalf of the insane poor. Committees were appointed this year and the following year, yet no action was taken. In 1836, however, a memorial was

presented to the Legislature from the State Medical Society praying for the erection of a suitable State asylum for the insane. This memorial seems to have finally accomplished the long desired object, and during that year the first act was passed providing for the establishment of the New York State Lunatic Asylum. The institution, however, was not opened for the reception of patients until the 16th of January, 1843. With the establishment of this asylum the first step was taken toward the care of the insane by the State, thus recognizing the principle of State care. The asylum, however, in the course of a few years was filled, and it became necessary to provide for the return to the poor-houses of patients who had received what was then supposed to be the limit of beneficial treatment. It soon became apparent that the insane, when received back into the poor-houses, were treated as ordinary paupers, the character of their malady being ignored, and they receiving precisely the same attention as paupers received, no better. In other words, the insane were pauperized in the matter of food, clothing, treatment, surroundings, etc., were left to the chance care of paupers, and when they became too disgusting they were thrust away into dark and out of the way places like any other offensive thing. One can readily imagine what the treatment in the poor-houses of that time must have been. It is not strange, therefore, that public attention was soon aroused, nor that it led to an agitation which went on increasing in force until it resulted in the adoption by the State of the principle that it would care for all the insane poor within its borders, with certain exceptions, which will be noted further on.

The superintendents of the poor in 1855, in State convention, adopted the following resolutions:

“Resolved, That the State should make ample and suitable provision for all of its insane not in a condition to reside in private families.

“Resolved, That no insane person should be treated, or in any way taken care of, in any county poor-house, alms-house, or other receptacle provided for and in which paupers are maintained or supported.”

These resolutions undoubtedly contributed powerfully to stimulate the agitation which was soon to become so formidable in behalf of the unfortunate so-called pauper insane.

By chapter 418 of the Laws of 1864, the Legislature provided for obtaining statistics for the purpose of determining the expediency of organizing a special asylum for the chronic insane. Pursuant to the provisions of this act, the late Dr. Sylvester D. Willard, as secretary of the Medical Society of the State of New York, investigated and reported upon the condition of the insane poor in the various poor-houses, alms-houses, insane asylums, and other institutions where the insane poor were kept, not including, however, such institutions as were required by law to report to the Legislature. The lapse of a quarter of a century has not dimmed the recollection of this remarkable report, which so graphically portrayed human misery, degradation and wretchedness, and which wrung a cry of distress from every philanthropist. A portion of this report, even after this lapse of time, is still worthy of reproduction, as showing what the condition of the insane poor must have been at that time :

"In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts, instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw, like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them; they are pauper lunatics, and shut out from the charity of the world where they could at least beg shoes. Insane, in a narrow cell, perhaps without clothing, sleeping on straw or in a bunk, receiving air and light and warmth only through a diamond hole through a rough, prison-like door, bereft of sympathy and of social life, except it be with a fellow lunatic, without a cheering influence or a bright hope of the future! * * * The violent have only to rave and become more violent, and pace in madness their miserable apartments. These institutions afford no possible means for the various grades of the insane; the old and the young, the timid and the brazen, the sick, the feeble and the violent, are herded together without distinction to the character or degree of their madness, and the natural tendency is for all to become irretrievably worse. * * * In some violent ^{cells} the clothing is torn and strewed about the apartments, and the lunatics continue to exist in wretched nakedness, having no clothing, and sleeping upon straw, wet and filthy with excrement, and unchanged for several days. * * * Can any picture be more dismal and yet it is not overdrawn."

This report produced the effect which might naturally have been expected. It resulted in the passage by a very heavy vote of both branches of the Legislature of what is known as the "Willard Asylum Act." This act provided for the establishment of a State asylum for the chronic insane.

The Legislature, by the deliberate passage of this act, prohibited all the counties in the State, excepting New York, Kings and Monroe, from thereafter caring for their chronic insane; it had previously, by the act creating the Utica asylum, prohibited them from caring for their acute insane, and thus the State finally and unequivocally adopted the policy of State care for all of its insane poor. Section 10 of the act provided as follows:

"SECTION 10. The chronic pauper insane from the poor-houses of the counties that shall be designated, as provided by section nine hereof, shall be sent to the said asylum by the county superintendents of the poor, and all chronic insane pauper patients who may be discharged, not recovered, from the State Lunatic Asylum and who continue a public charge, shall be sent to the asylum for the insane hereby created, and all such patients shall be a charge upon the respective counties from which they are sent."

Upon the passage of this act the work of building the Willard Asylum was carried on as rapidly as possible, the institution receiving its first patients October 13, 1869. The asylum was rapidly filled to its utmost capacity and soon became over-crowded. At this time the debt incurred by the State in aiding the prosecution of the civil war was most grievously felt; taxes were high, money was scarce, and the Legislature was naturally cautious and conservative in making appropriations. As a result of this the extensions and additions contemplated in the original plan of the asylum were not provided for as rapidly as was expected. Consequently the counties were not able to secure the admission of their pauper chronic insane as required by the statute. Under these circumstances, in the year 1871 temporary relief was sought. Just previous to this time the State had entered upon a new departure in regard to its charities, and had created a single board for the purposes of inspection and visitation of its charitable institutions. It was then thought that it might be possible to modify to a certain extent the policy of the State as declared in 1865, by permitting the counties under certain conditions to care for their chronic insane. In 1871, therefore, the Legislature passed an act which

provided a method by which counties might, upon showing that they had made proper provisions, care for their chronic insane. Section 1 of said act reads as follows :

“The Board of State Commissioners of Public Charities are hereby authorized to hear and determine all applications which may be made to them in writing, by the county superintendents of the poor of the several counties of this State, for exemption from the operation of the tenth section of the act entitled ‘An act to authorize the establishment of a State asylum for the chronic insane, and for the better care of the insane poor,’ to be known as ‘The Willard Asylum for the Insane,’ passed April 8, 1865. And whenever said board on such application shall determine that the buildings and means employed to take care of the chronic pauper insane of such county are sufficient and proper for the time being for such purpose, and shall file the same in the office of the clerk of the county making such application, then and in that case, and until such determination shall be revoked as hereinafter mentioned and provided, the county superintendents of the poor of such county shall be relieved from sending the chronic pauper insane of such county to the Willard Asylum for the Insane, as now provided by law. Said board may at any time revoke such determination, but such revocation must be made in writing, and filed in the county clerk’s office of the county making such application, and notice thereof shall be given in writing to the county superintendents of the poor of such county, and upon the filing of the same the said county superintendents of the poor of such county shall, from thenceforward, be again subject to the provisions and operations of the said act.”

By the act (chap. 283, Laws of 1889) creating the State Commission in Lunacy, the power was transferred to it of granting exemptions to counties from the operation of the Willard Asylum act. Under the provisions of the statute, by which a county might be exempted from the operation of the so-called Willard Asylum Act, beginning with the year 1871, nineteen counties have thus far been exempted by the State Board of Charities. Thus it will be seen that the relation of the counties to the insane is as follows : The counties of New York, Kings and Monroe have by law been, for a great number of years, permitted to care for all of their insane. The following named counties, by virtue of the exemption from the operation of the Willard Asylum Act,

are legally permitted to care for certain of their chronic insane : Broome, Cattaraugus, Chautauqua, Chenango, Cortland, Erie, Jefferson, Lewis, Madison, Oneida, Onondaga, Orange, Oswego, Queens, Suffolk, Tioga, Ulster, Wayne, Wyoming. (Clinton county was exempted by special act of the Legislature, chap. 360, Laws of 1877.)

The remaining counties of the State are not legally entitled to care for any of their insane, either acute or chronic, as follows :

Albany, Allegany, Cayuga, Chemung, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Herkimer, Livingston, Montgomery, Niagara, Ontario, Orleans, Otsego, Putnam, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Seneca, Steuben, Sullivan, Tompkins, Warren, Washington, Westchester, Yates.

On October 1, 1889, the number of insane in county poor-houses and State asylums for the chronic insane was as follows :

Exempt counties.....	1,848
Non-exempt counties.....	385
Willard and Binghamton asylums	3,138
Total.....	<u>5,371</u>


Regarding the care and treatment of the insane, with reference to what it should embrace, it may be repeated that insanity is a physical as well as a mental disorder, requiring in a large majority of cases that kind of treatment which can only be obtained in a hospital specially organized, officered and equipped for that purpose. Such an institution is necessarily different from an ordinary hospital in this : that it is a place of detention in which the insane are legally deprived of their liberty, not, of course, as a punishment, but as an incident to the treatment of their disease, which from its nature renders them dangerous to themselves and to the lives and property of others ; but the primary object for which these institutions are established and maintained is to provide the insane with proper care and medical treatment. Thus it will be seen that such institutions when properly organized necessarily embrace a two-fold purpose, namely, custodial and curative. Mere custodial care cannot be justified except upon a theory which is undoubtedly untenable, that certain classes of the

insane need no medical supervision, but simply require ordinary care and comfortable surroundings. But setting aside the question of treatment and admitting for the moment that only custodial care is required for the so-called chronic insane, it could still be maintained that institutions organized on that basis should be required to furnish whatever may rightly be included in the category of essentials for the proper care and reasonable wants of this class. At this point, the question may be asked of what should the essential requisites for proper custodial care of the insane consist. It will be conceded by all who are familiar with the subject that, aside from special medical supervision, the insane should be properly housed; that they should be supplied with sufficient and suitable clothing for all seasons of the year, and food of good quality and sufficient in quantity and variety to meet at least the physiological requirements of their systems; that it should be served thrice daily at all seasons of the year, and that the delicate and feeble should have a special or extra diet prescribed according to their several needs and under the directions of a physician; that each patient should be provided with a bed; that the bed should be supplied with a sufficient and suitable amount of bedding; that the bedding should be kept clean, and the bed linen changed at least once weekly; that the patients' apartments should be properly warmed and ventilated, and that they should be lighted sufficiently to permit of reading both day and evening, and, certainly, these apartments should be light enough to inspire cheerfulness; that a sufficient supply of wholesome water should be provided, and ample facilities for bathing; that every patient should be permitted or required to bathe at least once weekly and oftener if necessary, and that each one should be bathed in fresh water; that they should have daily medical supervision by a well-educated and well-trained resident medical officer to administer to their ordinary bodily ailments, to preserve their physical health and to protect them from preventable diseases; that they should be provided both day and night with properly qualified attendants in sufficient number to duly care for their wants, and to prevent the infliction of bodily injury by some upon others or upon themselves; to stop them from denuding their persons and destroying their clothing; to look after the physically sick, the feeble and helpless; to assist them to and from their rooms; to take them

out walking in pleasant weather; to properly bathe and dress them, and especially to aid in dressing those who are unable to dress themselves; also to properly care for the filthy, bathe their persons and change their clothing as often as may be necessary; to wait on them at table; to preserve order; to see that their food is properly served and that the strong do not encroach upon the weak; to care for them at night; to protect them in case of fire; to soothe the excited, calm the violent; to keep those properly covered with bed clothing who insist upon its removal; to take up and cleanse those who soil themselves or their bedding; that there should be provided adequate means of protection against fire; that there should be suitable occupation, amusements and a liberal supply of reading matter and other methods of diversion; also religious worship for such as may desire it, and attention to the spiritual needs of the sick and dying; that there should be printed rules and regulations conspicuously posted for the guidance and instruction of employes; also, a system of records, including a case-book or medical history of each patient, as now required by law, in order that it might be possible for those who are legally or properly entitled to do so to read the history of a patient's disease; also, a record of medical prescriptions, showing the kind and quantity of medicines given, the frequency of administration and when it was commenced and discontinued; that special medical stores should be provided and kept in the charge of a competent and trustworthy person beyond the access of patients.

Certainly no one would seriously propose to establish and maintain a hospital for the treatment of any other disease than insanity without providing for it competent medical supervision. Outside and beyond the mere question of the application by a physician of appropriate medicines for ordinary physical ills, resident medical supervision is required to insure to the patients the proper regulation of a variety of other matters which closely affect their physical well being.

It will be conceded that the sanitary arrangements and condition of a building, embracing plumbing, drainage, warming, lighting and ventilating should be under the regulation and control of an intelligent physician, who presumably has familiarized himself with these subjects, and who should be responsible for the hygienic condition of the patients as regards their clothing, bed-



ding, diet, exercise, occupation and diversion, all of which should be apportioned to their several needs. The diet of the sick, for instance, can not be intelligently prescribed except by a physician; in fact, all that applies to a hospital for the treatment of ordinary diseases, applies with additional force to a hospital for the care and treatment of the insane. In the matter of diet alone, it is a well-known fact that the insane frequently have delusions in regard to ordinary varieties of food; some have a delusion that vegetables are poisonous and will decline to eat them, and would make their whole diet, if permitted, upon bread and meat; others still might fancy that meat and bread were poisonous and decline to eat them. In the matter of labor, too, as has been pointed out above, insane persons, as a rule, are not competent to judge the amount of labor they are capable of performing, their abnormal nervous energy and activity being liable to lead them into excesses in that direction which, if unchecked, would result in great exhaustion and prolonged enfeeblement. Hence, manual labor should not be performed by the insane except under intelligent medical direction. Moreover, it would seem not to admit of dispute that the medical officers in charge of institutions for the insane, should possess skill and ability of an exceptionally high order. Certainly, no one will deny that diseases of the brain, or those that are closely allied thereto, are often difficult of comprehension, and require an unusual amount of special study and observation for their successful treatment. In the field of mental and nervous diseases, modern medical science may find its highest opportunities. In fact, insanity is a specialty by itself. The treatment of mental diseases may properly be regarded as a branch requiring profound study and the highest medical skill. "The care of the human mind," says Grotius, "is the noblest branch of medicine."

For the successful management of the insane, in addition to the administering of drugs, many things are required. For example, it is conceded that amusements play an important part in proper treatment, and it is universally recognized that, since insanity chiefly affects the mind, as much effort as possible should be made to divert the patient's attention and restore his thoughts to healthy channels by means of entertainments and other amusements, wherever possible to be provided, to the end that those suffering from depressing forms of insanity may be relieved from

the gloom and sorrow of their own thoughts ; their apartments should be hung with pictures ; the walls should be painted in bright and lively colors, affording rest to the eye and agreeable contrast to the mind. Religious worship, also, is necessary, because people in such a place are certainly in need of the consolation afforded thereby. Many of the insane are still capable of appreciating and enjoying those spiritual, as well as material, things to which they were formerly accustomed.

As opposed to the exclusive State care of the insane, a policy which was deliberately adopted by the State in 1865, and which has never been abandoned, although the temporary expedient of 1871 seems to have given color to the claim, the contention that the counties may properly care for a portion of their insane is based mainly upon the idea that the chronic insane can be as well cared for in the insane departments of the poor-houses as in the asylums or hospitals provided by the State. This claim rests wholly on the assumption that it can be definitely determined after a greater or less length of time that an insane person has passed beyond the hope of recovery, and that thereafter all he needs is mere custodial care ; in other words, that, by reason of his malady, he is forever debarred from hope of recovery and that, consequently, all that remains for him is seclusion and such surroundings and treatment as would be appropriate to what it is assumed his previous condition in life must have been ; but, as before mentioned, those best qualified by study and experience to judge of the question positively deny that, with the exceptions already pointed out, it can be determined that any insane person is beyond the possibility of recovery. Hence it follows that the State ought never to relax its efforts to restore to reason and usefulness even the humblest of these unfortunate citizens.

Various reasons in its behalf are urged by advocates of what they term the mixed system of caring for the insane, meaning thereby the retention in county alms-houses of quiet and so-called incurable lunatics, while all others are sent to State asylums. The reasons put forth in behalf of the counties for the care of their insane poor are substantially as follows :

1. Assuming all the chronic insane maintained at public expense to be paupers and that all those who are maintained in county

alms-houses are of the quiet and hopelessly incurable class, then the low rate per week at which they keep them is justifiable on the ground that, being paupers and there being no reasonable prospect of their restoration to sanity, all that is required is that they should be comfortably housed, clothed, fed and provided with comfortable places to sleep, and with sufficient attendance.

2. That the so-called hopelessly chronic insane should be kept in the county of their residence, where they are accessible to their friends, in order that they may not be denied the comfort which may be derived from the visits of friends and relatives; that being doomed to incurability they should not be denied the solace of such visits as their friends and relatives, living but short distances away, may be able to make; that it is cruel and inhuman to remove such hopeless creatures so far away from the influences of home to a distant institution, which, even though it affords the modern methods for the care and treatment of the insane, is still at too great a distance to be conveniently reached by friends and relatives.

3. That the "incurable insane," instead of being removed to those institutions provided by the State, might better be cared for in small annexes or departments of the poor-houses, where land is abundant, cheap and fertile, and where such insane can be profitably employed in tilling the soil, thus furnishing occupation for mind and body, and at the same time largely helping to defray the cost of their own maintenance; that the labor of this class can incidentally be applied to the support of the sane paupers, who, as a rule, are reluctant to do any labor which they can avoid, whereas the insane are often ready and zealous to work, even, as has been already remarked, far beyond their actual strength.

4. That good results are not as likely to be obtained in the great asylums of the State where vast numbers are herded together, and can not possibly come under the separate observation of the resident physician, as in the county poor-houses where the number of insane is small, and where they are treated by and come under the personal observation of the physician employed to look after the inmates.

These two systems of care and treatment of the insane — one as conducted by the State and the other as conducted by the coun-

ties—having undergone a fair trial for a great number of years, and under favorable conditions, the comparative merits of each may now be measured with sufficient accuracy. It will hardly be claimed that both systems are equally good. Certainly one is demonstrably better than the other. Which is the better is the question now at issue. Each of the two must be regarded as a whole. Neither can be judged by parts. If in a majority of points of comparison either system is found to be bad, then that system should be condemned and all the insane should be treated under the other. Unless it can be safely assumed that a sufficient length of time has not elapsed for a determination of the value of the two systems, either one or the other should be adopted by the State, and the agitation in regard to the question should cease. Which of the two systems is productive of the greatest good to the insane themselves and to the people of the State at large can be sufficiently well determined; and whichever one is found to be superior to the other in these respects should be accepted as final. It may safely be held that the difference in actual cost between the two systems is not very great; and even if it were otherwise, a difference of pecuniary interest should have little weight in a broad question of humanity like this, involving, as it does, the welfare of thousands of mentally afflicted citizens. It is not creditable to the people of this great commonwealth that thousands of helpless individuals should be permitted to suffer through a long period of years while the relative cheapness of the two systems is undergoing discussion. If the question were one into which human suffering did not enter, but which only involved taxation and the ultimate benefits to be derived therefrom, then the State might be justified in permitting a long period of years to elapse before reaching a final determination, in order that the results of such lapse of time might be carefully weighed and balanced.

In the meantime, it should be borne in mind that the condition of the insane in the county alms-houses is not improving, even if it be not growing worse, for the reason that the county authorities are naturally unwilling to incur expense which they may know to be needed in the line of improvements or repairs so long as this question of State care for all of the insane remains unsettled. The conclusions of the Commission on this subject are based largely on its observations of the actual operation and condition

of the State institutions and of the insane departments of the county almshouses, exempted from the operation of the Willard Asylum Act.

In its discussion of this question it desires to be understood as making no reference to those counties which have long been permitted by law to care for both their acute and chronic insane, namely, the counties of New York, Kings and Monroe; and especially is this true in regard to the institutions under the care of the former of these counties, in which the provision for medical care and treatment is substantially the same as that maintained at the State Asylum.

The pertinent inquiry now remains as to what are the results of the care and treatment of the insane as established and maintained by the exempted counties of the State extending over a period of nearly twenty years. It is also proper to inquire how far the expectations, which may have reasonably been indulged at the time of the first modification (under the act of 1871) of the system of State care, adopted in 1865, have been met; what hope there may be for the future, based on the experience of the past; and what, under all the circumstances, after a careful examination of the practical operation of the county system, ought to be done by the State.

Previous to 1867 there had been no governmental supervision of the charities of the State of New York. In that year the Legislature created a board which it intended should have general supervision and control, among other charities, over all places for the care, custody and treatment of the insane. As adverted to above in 1871, when it was found impracticable to furnish accommodations at the Willard Asylum for the insane as rapidly as applications therefor were made, it was thought notwithstanding past experience that it might be proper to permit such counties of the State as chose to avail themselves of the opportunity, to care for their chronic insane, under the supervision of the county board, and accordingly, by act of the Legislature of that year, the power was vested in said board—a power which it possessed until the last session of the Legislature—a power exempt from the operation of the Willard Asylum Act and

counties as should appear to them to have made competent provision for the care and treatment of the chronic insane. By virtue of this privilege of exemption, nineteen counties availed themselves of the opportunity offered. Most of these exemptions were granted within a short time after the passage of the act, and it was believed that under proper and regular visitation, inspection and supervision, the counties so exempted would accord to the helpless wards of the State in their custody proper care and treatment. The Commission feels compelled to say that, in its judgment, this belief or hope has not been borne out by the facts, as it finds them to exist in nearly every one of the exempted county alms-houses, while in many of them the condition of the inmates presents lamentable instances of squalor, wretchedness and neglect. While it is probably true that there has been material improvement in these alms-houses since the publication of Dr. Willard's startling report of twenty-five years ago, it is also true that, even in the best of those visited by the Commission, the standard of care is far below that which is regarded as essential by all competent authorities. This state of things is doubtless inevitable under the present method which, in nearly every instance, places these institutions in the hands of the keeper of the county poor-house, of which the insane department necessarily constitutes an integral part. Hence, it can not truthfully be said that the care and treatment accorded to the so called chronic pauper insane is what it should be under any fair interpretation of the requirements of modern medical science, of the dictates of humanity, or of the demands of the progressive spirit of the age. The most that can justly be said in behalf of these poor-houses, by courtesy called "county asylums," is that they are custodial in their character; and, even in this respect, they can not be regarded in any proper sense as providing the facilities which we would expect to find in every well-managed custodial institution or in an ordinary hospital. In truth, the treatment accorded to the inmates is scarcely better than that which should be given sane paupers; and when viewed as places for the care and treatment of the insane with reference to a possible cure of the disease, they utterly fail to meet even the ordinary requirements of such institutions. A careful examination of these institutions has satisfied the Commission that little

or no attention has been paid to the enforcement of the requirements laid down by the board which granted these exemptions; and that, in the majority of instances, no persistent effort has been made to meet these requirements. The Commission fully realizes the difficulties encountered by the board which formerly had the power of exemption. It also realizes that the county system of government is ill-adapted to meet the requirements of such a case; that the board of supervisors having entire control of the raising and distributing of county funds, and thereby being the ultimately responsible body, so far as the government and control of these institutions are concerned, is difficult to influence and impossible to coerce; that however willing the superintendent, who has the nominal custody of the insane poor, may be to adequately provide for their care and maintenance, he can not do so without the necessary means, the placing of which at his disposal is dependent wholly on the disposition of said board, and that, of course, without adequate means no proper care or treatment can be expected.

It has been suggested to the Commission that the State might devise some system whereby the government of these county poor-houses might be placed under more immediate and effective control of the officers of the State. The power to do this effectually may well be doubted, because, in order to reach the desired result, an expenditure for buildings and equipments, to say nothing of renewals and repairs, and an outlay for maintenance and care, would be needed, so much larger than that which now obtains in any of these institutions, that the local authorities would find the cost of keeping their insane poor largely increased above that which they now assert it to be, perhaps doubled or trebled, and in that event they would doubtless prefer to send their insane to State asylums. In fact it could scarcely be expected that the local authorities would willingly appropriate funds to the extent that would be demanded by the State, nor would they be likely to consent to have such funds expended under the direction of State officers, who are in no degree responsible to them. The Commission believes that no system for the care and treatment of the insane poor can be successfully administered which is not sustained in its ordinary operation by the highest order of human emotions; that no system can be fairly regarded as good which directly or indirectly relies upon the lowest order of these

emotions. Cupidity and self-interest should have no sway where suffering humanity is concerned.

The population in the insane departments of the county almshouses varies from twenty-five in the smallest to nearly 400 in the largest. The whole number confined in the almshouses of all these exempted counties is 1,848. The smallest number in custody is greater than the number cared for in many hospitals for ordinary diseases. In none of these hospitals would the proposition to place patients under the immediate control of any class of persons excepting those who had received medical training be seriously considered. Yet in not one of these exempted counties is there an instance of the insane department being in any proper sense under the supervision and control of a medical officer. In only two institutions were resident physicians employed; in only four or five others were physicians required to visit daily. In a majority of these institutions the physicians visit from one to three times weekly, according to the terms of their contract with the superintendent of the poor or other authority. These institutions are, in most cases, in the charge of a "keeper," while a few of them are directly controlled by the superintendent of the poor, or, if there be more than one superintendent in a county, by the resident superintendent. It is not pretended that these keepers are in any way qualified, either by training or previous experience, for the care and supervision of insane patients, even assuming that such patients are not sick persons, as they concededly are. The qualifications and capacity of these keepers for this particular work—and here it may be proper to state that there is no disposition on the part of the Commission to unduly criticise the intelligence or the acquirements of the officers in charge of the insane departments of the poor-houses—may be judged when it is stated that their compensation does not on the average amount to more than \$600 or \$700 per annum. In fairness, however, it should be added that they also receive maintenance for themselves and their families. They have the general oversight and charge of these institutions; their word is law, and they are subject to no control other than the power that appoints them. Even the physicians, who make visits with greater or less

regularity, are officially subordinate to these keepers, and in some instances come only when in the latter's judgment a patient requires attention. A letter has been received from one of these physicians, in which he complains that he has no power, that he is subject to and under the control of the keeper. As stated above, in a majority of instances, the physicians appointed to look after the insane are under contract or agreement to visit both the sane and insane paupers a certain number of times weekly—the sane paupers receiving precisely the same visitation as the insane; in other instances they visit only when sent for. The smallest number of people, both sane and insane, that a physician has to care for is not less than fifty, while in some cases it reaches several hundred. When it is understood that the compensation of these physicians averages less than \$325 per annum; that in many instances they furnish their own medicines; that in almost every case they reside from one to five miles from the institutions, and that they are engaged in active practice, one can readily imagine how meagre and inadequate the medical treatment must be. By this it is not intended to convey the impression that these physicians are not, as a rule, reputable and competent practitioners of medicine. The Commission desires it to be clearly understood, however, that in its judgment they are not qualified, except in rare instances, by special study and training, to properly control and care for the insane. Indeed, so far as known to the Commission, none of these physicians had any previous special training or experience in the care of the insane, nor had any of them given the subject of insanity any special attention. To say that the amount of medical supervision and treatment thus provided for this unfortunate class is sufficient would be manifestly untrue. Aside from the special treatment of insanity as a disease, the amount of medical treatment furnished in some of these institutions is not sufficient to meet the requirements of ordinary bodily infirmities.

But even these statements, strong as they may appear, do not fully describe existing conditions as observed by the Commission. From the unreserved admission of officers, employés and attendants, it clearly appeared that, in a large number of instances, even the moderate requirements of the contract between the physician and his superior officer were not fulfilled. In conversation with some of these physicians, the Commission was frankly informed

that the compensation was altogether too small to justify the expenditure of any great amount of time; that their general practice, which they did not feel at liberty to neglect, demanded a major portion of their attention.

But, even with such inadequate medical service, it might be supposed that each of these institutions would be supplied with ordinary medical stores and appliances. Such, however, is not the case. In a few institutions only were medical stores found in any quantity worth noting, and in only two or three were they in the charge of a competent person. It might be supposed, too, with a non-resident physician coming at most not more than two or three times a week, that there would be a system of medical records; that there would be a book containing prescriptions and directions for the taking of medicines; that the bottles and packages of medicines would be carefully marked; that specific directions would be furnished for the giving of medicines to these irresponsible patients; but in not more than one or two instances was this found to be the case. An examination disclosed the fact that commonly the bottle or package of medicine was handed to an employé with verbal directions as to giving the same. In one case observed by the Commission, the bottle of medicine for a patient sick in bed was discovered to be in the coat pocket of another patient, and it was administered by a third patient, who went to the pocket, took out the bottle and gave the dose as he recollected the instructions—this occurring in the presence of two of the commissioners.

Since 1874 the law has expressly required that in every institution where the insane are kept in custody a case-book shall be kept, in which the medical history of each patient shall be recorded from time to time. In only a few instances was there even a pretence of keeping a case-book, and in none was there found what the commissioners could regard as a proper case-record. In a majority of instances the officers, and in some cases the physicians, declared that they had no knowledge of such a law, and that their attention had never been called to it. To say nothing of the value of a properly kept case-book for legal purposes, the importance of keeping one from a medical point of view need not be discussed. In fact, so far as relates to medical treatment, there is almost an entire absence of any records whatever. Usually no reports are made even by employés or attendants as

to changes in the condition of patients. If one is found with a blackened eye or other injury, there is no record to show what caused it.

Respecting the use of mechanical restraints in the treatment of the violent or disturbed insane, a matter which, perhaps, has engaged the attention of the public mind more than any other in connection with the management of asylums, it is well established that, if permitted at all, they should be applied only under the direction of a medical officer in each instance. Yet the Commission found in these county alms-houses that it was the exception rather than the rule for restraint to be prescribed by a physician the common practice being to apply restraint at the will of an untrained attendant or employé; in other words, restraint is applied whenever, in the discretion of such employé or attendant it is supposed to be needed. No record is kept of such application. In one instance, the physician present was not able to give the name or mode of application of a certain kind of restraint which was exhibited. In fact, he claimed that he did not know of its existence in the institution, and yet the attendant said that he (the attendant) had frequently used it.

The importance of medical supervision of the dietary of an institution for the insane would be recognized by every intelligent person. It is well understood in asylums that the diet ranks among the more important elements in successful treatment; and yet in the county institutions visited by the Commission, the regulation of the dietary was generally found to be under the control of the cook or other person who had charge of preparing the food while the serving of the same in several cases was done by persons. In a few instances, a record of the diet furnished had been kept, but this in itself was of no value as it had not been prescribed by the physician; neither did it appear that he knew anything about it. Indeed, it could not be said that in more than two or three instances had a regular dietary been prescribed, the patients' food being prepared sometimes according to the wishes of the patient or under the direction of some employé. When it is considered that persons suffering from insanity frequently have peculiar delusions in regard to food; that, if left to themselves, they often decline to eat that which is necessary, or persist in eating that which is injurious and that their physical well-being is often dependent on

amount and variety of food taken, the importance of the presence in the institution of a trained physician, who would see that, in spite of a patient's delusion, the proper kind and quantity of nourishment is supplied him, must be clearly manifest to all.

Many other matters might be cited to show the extreme importance of having an experienced resident medical officer in every institution for the insane.

While it is proper to state that the beds, as regards quality and condition, were generally found to be fairly good, still in many cases they were entirely inadequate. An examination showed that some beds, and especially those of the disturbed and filthy patients, were simply too vile for description. In many instances, the mattresses were literally reeking with filth, and evidently were not dried from one day's end to another. In a few instances only were woollen blankets provided; in nearly all the cheap cotton quilts, which when they are filthy are so difficult to cleanse, were provided for the patients. In nearly all of these institutions, too, the bedding is not changed as frequently as it should be. The almost uniform reply to the inquiry, "How often are the sheets changed?" was, "one sheet is changed each week." And aside from the beds and bedding, the practice which prevails in many instances of permitting or compelling two patients to sleep together can not be too strongly condemned. The idea of two ordinary sick people being compelled to lie together is sufficiently repugnant; how much worse for two insane people to be required to occupy the same bed. It should in justice be said, however, that in some of these county alms-houses this practice does not exist at all and in others to only a limited extent. It occurred where there was a lack of beds or where there was crowding. In one institution the Commission found that a considerable number of the beds were occupied by two patients each.

Among the universally recognized necessities of insane asylums is an abundant supply of pure and wholesome water. In fact, one of the first questions that comes up for consideration when the site for an asylum is to be chosen is, "What is the water supply?" and, unless this question can be answered satisfactorily, a different site is always selected. It would seem to be almost idle to dwell upon the importance of so self-evident a necessity, yet this is one of the points in which the care and treatment of the insane in the county asylums is most vitally defective. It is exceptional to find

one of these places adequately supplied with water; and, even where the supply is ample, the facilities for its distribution are usually quite inadequate. This is especially true in respect to facilities for bathing and fire protection. It was, indeed, a matter of surprise that the condition of affairs in this respect was found to be so lamentable. The bathing facilities, with scarcely an exception, were found to be totally insufficient. Even so small a number as twenty-five patients (and there are only two or three of these county institutions that contain so small a number) requires very considerable facilities for bathing purposes, and an ample supply of water, both hot and cold; yet, with only a few exceptions, cold water only is supplied to the bath tubs, hot water being either heated in kettles and carried to the tubs, or the cold water being heated in the tubs by the injection of live steam, conveyed to them through pipes—arrangements that are more expensive, in nearly every instance, than the fitting up and providing a proper method of heating water and conveying it in pipes would be. The danger of patients being burned by such methods is obvious; and other most obnoxious results flow from these inadequate and faulty arrangements. It is literally true, however difficult of belief, that it is a common practice at most of these places to bathe three or more patients in the same water. Indeed, from the unreserved admissions of employés and officers it was ascertained that, in many instances, four or five are bathed before the water is changed. When it is considered that water is almost as much an essential as air and light, and that its cost, even where a separate plant for its supply has to be maintained, is comparatively small, it seems well-nigh incredible that a practice whereby 2,000 sick and insane people are liable to such indignity, such cruelty, as compelling them to bathe in water which had previously been used by two or three or four other patients, should be permitted to exist. In view of the fact that insane people frequently suffer from ulcerations on the surface of the body and other disorders of the skin, it seems marvelous that such a repulsive practice should have been permitted to exist for years without arousing the deepest public condemnation. It is proper to state that the facts in regard to the bathing were brought out, not upon the witness stand or under any pressure of compulsion, but were freely stated without reserve. In a few instances only was an explanation attempted, to the effect that

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the supply of water was insufficient; or that with insufficient help there was great difficulty in heating it and bringing it from a distance. In one of the county asylums an assistant freely admitted the bathing of from five to six patients in the same water, and said in relation thereto: "We can not afford to waste our water."

In the clothing provided for these patients there is not so much to condemn. It is of fairly good quality, fairly well made, and generally the outer garments appeared to be kept reasonably neat and clean, although in some instances, especially on the part of the men, they were in a state of great disorder. When the Commission visited many of these county institutions the weather was cold, and an effort was made to ascertain whether the patients were supplied with sufficient under-clothing. This was not easy to ascertain. In most instances the Commission was informed that the patients were well provided for in this respect. From personal observation, however, in a large number of cases old and feeble patients were found not to be provided with undergarments. If no more could be said against the other features of county care than that which relates to the patients' clothing, there would not be so much to condemn.

The food furnished to the patients so far as observed, and so far as information could be obtained, is of a fairly good quality, but the criticism to be made is that it is generally prepared with but little reference to the physiological needs or condition of the patients. In some instances the tables were supplied with tablecloths; but in many they were bare or covered with oil-cloth. The dishes were sometimes found in a state of disorder. With some exceptions, the patients were allowed to eat with their fingers or often to appropriate each other's food; and, generally speaking, the lack of order and decorum made it apparent that no proper supervision was exercised over them. In fact, by reason of the insufficiency of attendants, no proper order could be observed. It is a matter of just complaint that only two meals a day are served in a number of these institutions. It was explained to the Commission that during the winter months, beginning with the first of November or December and continuing until the first of March or April, only two meals per day are served; the first at about 9 A. M., the last about 4 P. M., leaving an interval of seventeen hours between the evening and morning meals. It

also appeared at these same places that the officers, attendants and employés were provided with three full meals a day. No explanation was attempted why insane patients should be allowed a less quantity of food than that provided for their healthy overseers. Mal-nutrition and debility being frequent accompaniments of insanity, it follows that the food should be of highly nourishing quality; that it should be given in liberal quantity, and that the diet should be regulated by an intelligent medical officer. In justice it should be said that generally the food supply was sufficient as to quantity and of reasonably good quality. It should be repeated, however, that in a majority of instances it was not properly prepared and served with reference to the needs of insane people.

Next to medical treatment and going hand in hand with it, is proper nursing or attendance for the insane, the latter being essential to the success of the former. As above stated (and it is a matter which can not be too strongly urged), insane people are sick people, many of whom need constant care and attention; not only the destructive, violent and dangerous, but the mild and harmless, as well as the broken-down and feeble, require nursing, supervision and frequent assistance; in fact, almost unremitting attention. The quality of the service required by the insane demands that the attendants should be of a superior order. In no domain of human activity do patience, gentleness and forbearance play a more useful part or serve a nobler purpose. Anger and irritability must be kept in constant abeyance by persons holding such positions; blows, insults and injuries, or what would be regarded as such if given by sane people, must be received and borne in silence and no resentment be shown; for these sick people often fancy, in their mental aberrations, that their best friends are their worst enemies, and not infrequently would attack them if the opportunity to do so were offered. Hence, the importance of having a sufficient number of trained nurses and attendants, who are patient and self-controlled and sufficiently intelligent to appreciate the patient's condition and the fact that he is not responsible for his acts, can hardly be overrated. The question of securing fully qualified attendants for the insane is a difficult one even in the highest type of modern asylums, where the utmost care is observed in the selection of this class of help. Trained attendants also fully understand the importance of watch-

fulness in the care of those patients who are denominated "wet and filthy," and are generally able by vigilance to save themselves much labor in keeping their patients clean, or even to train many of them into habits of order and decency. This class of patients require almost constant attention, both day and night, to keep them in a cleanly condition, but it is at night that the repulsiveness incident to their condition is most conspicuous. In a properly organized hospital such patients are carefully taken up at intervals during the night and cared for, and if, perchance, they have soiled themselves, they are carefully cleansed and returned to bed. To secure such care and attention as above indicated, requires the service of a good many people, who, if competent and faithful, are not always easy to obtain, but, nevertheless, are always obtainable. Experience has shown that the ratio of trained nurses or attendants to the insane, and especially to those who are usually, though often mistakenly, regarded as incurable, should be one to not more than ten or twelve. An examination of the exempted county poor-houses shows that in them the ratio is far below this, being one to twenty or over, and that even this is too low a figure in view of the fact that generally every employé or person about the place is counted as an "attendant." In the insane department of one alms-house containing nearly 400 inmates, we found one attendant in charge of seventy-nine patients. Is it any wonder that this over-worked attendant utterly failed in his efforts to preserve order or to keep his patients or the ward in proper condition. Patients, some of them epileptics, were found lying about on the floors or in other objectionable postures; many of them were in extreme disorder, untidy and unkempt, and one, an idiot youth, was seen walking about with his person plainly exposed; and yet the attendant was a well-disposed man who evidently endeavored to discharge duties which properly would require the service of at least four attendants. But in addition to the utter inadequacy of the number of attendants for day purposes found almost everywhere, the evils of this system are intensified by the fact that no night supervision whatever is provided. The patients at bed-time are locked in their rooms or dormitories; they are left alone and in darkness; the attendants retire to their rooms, often in a distant part of the building, and from that time until morning no care or attention whatever is bestowed upon these unfortunates. It is true that in one institution out of all those

visited the Commission was informed that there was a night watchman about the place. It was explained, however, that his principal duty was to look out for fires and depredations by thieves. It was further explained that in case he heard any unusual noise or disturbance, it was his duty to call somebody to investigate. The inhumanity of such lack of attendance is further emphasized by the fact that with scarcely an exception these county poor-houses contain from one to a dozen or more filthy and disturbed patients; that these patients, by reason of lack of night service, are put to bed and left to lie in their filth and excrement until morning, vitiating the atmosphere of the entire ward which must be inhaled by the cleanly patients as well as the filthy. Such a condition of affairs would seem incredible. It is disgraceful, not only to the counties but to the State; to call it *inhuman* is to mildly characterize it.

That there should be night attendance even for other purposes will not be denied by any one who has adequate knowledge of the needs of the insane, many of whom are restless and disturbed at night and subject to apprehensions resulting from their delusions and hallucinations; while others are disposed to leave their beds and wander about the rooms lightly clad or entirely naked, oftentimes destroying their clothing and bedding, opening their windows even in the coldest weather, and subjecting themselves and others to great bodily harm and danger from exposure to draughts, etc., and preventing others from securing needed rest. The importance of intelligent and kindly night attendance and supervision to preserve order and quiet, to care for the feeble and helpless, and to prevent the disturbed and violent from injuring themselves or others, at once becomes apparent.

There are other horrors incident to this lack of night attendance which require some attention. The danger from fire in an institution occupied by the insane is one from which a trained asylum officer always shrinks in dismay. In view of the fact that certain of the insane have incendiary propensities, and that many of them are prone to tricks and cunning, and to elude the vigilance of their care-takers in efforts to burn buildings and destroy themselves and others, it is not surprising that an experienced asylum officer dreads the danger to which his charge is thus constantly exposed. Necessarily, by reason of lack of night attendance in the

insane departments of the alms-houses in the exempted counties, these poor patients at bed-time—which usually occurs in the winter season at 6.30 to 7.30 o'clock at the latest—are locked in their rooms or dormitories and left without care or supervision during the night, and subjected to the depressing effect of being obliged to remain in darkness through the long winter evenings. In one instance which the Commission observed, the door of each slatted room was fastened securely by a padlock. It is due to good fortune that conflagrations, resulting in the most serious consequences, have not occurred, considering the almost total lack of provision, either to discover the presence of fire or to extinguish it should it occur.

It is to be regretted, moreover, that in the insane departments of the county alms-houses visited by the Commission, there appears to be no systematic provision for amusement beyond that derived from some minor games, as checkers, dominoes and cards, and these only to a limited extent, in a few of the institutions; in one instance a keeper stated that he had purchased a croquet set for the use of some of the patients. In answer to inquiries why amusements were not furnished, the officials frankly stated that no funds were available for that purpose. It did appear in a few instances that certain charitable people had come in on a few occasions and attempted to entertain the patients.

The term "amusements," as ordinarily used, embraces dances, musical entertainments, theatricals, social gatherings, lectures, concerts, tableaux, and such other diversions as may serve to occupy the minds of sick and feeble people. But these things involve pecuniary outlay, and, situated as most of these institutions are, often miles away from a village, even charity and benevolence will not supply the place of dollars; and thus days may come and go, weeks may succeed weeks, and months drag their weary length along, and these poor patients be left to sit about the wards with nothing to divert, to instruct, or to occupy their minds; not even provided with ordinary light occupation, excepting the few who can be made useful in caring for the others.

By reason of the lack of attendance, the patients are not regularly taken out for exercise in the open air, though some of the institutions are provided with small airing courts or yards which are used by the patients in the summer season. During the rest of the time they are compelled to remain on the corridors or wards

in idleness, even on pleasant days, with little or nothing beyond the benches and barren, uncolored walls to divert or occupy their attention; while in some cases they are left a considerable portion of the time without attendants, the latter being frequently called away in the discharge of other duties or on account of personal matters. In several institutions the attendants take their meals in distant parts of the building or in another building, leaving the patients to themselves; in others the women's ward is in charge of a man attendant during the absence of the woman attendant, sometimes for more than a whole day, as we were informed by the latter.

It might safely be said that sane people confined in such places and compelled to remain day after day and week after week would, under similar circumstances, be likely to lose their minds. What wonder is it, then, that such patients grow worse and drift rapidly down to complete mental degradation?

With the present cheapness and abundance of reading matter, it is somewhat surprising that greater effort has not been made to furnish the inmates of these institutions with a regular supply of newspapers, magazines, etc., yet, in most instances, no reading matter whatever is supplied, except that which is present through kindness of charitable people. Perhaps it should be said that in two county institutions, the Commission was informed that all the county papers were taken, and that the patients were permitted to see them. In one institution the Commission observed an intelligent woman sitting in a ward, and when spoken to in regard to her condition she said that she was suffering from epilepsy; that she had formerly been a teacher; that she had been a private patient; that her money had become exhausted, and that she was now dependent on public bounty. When asked if she cared to see a daily paper, she said that she had not seen any paper in months. This case is not an isolated one. Many of these people, although insane, are capable of reflection and sufficiently rational to maintain an intelligent interest in the news of the day, and there is no valid reason why reading matter should not be provided in abundance.

The advocates of the county care system have laid much stress on the value of labor for the insane, claiming that in this respect the county institutions offer superior advantages; that they are provided with facilities for occupation of the patients which do

not exist in the State asylums, especially as regards opportunity to labor in the fields, and that in this way many could be restored to reason. As a matter of fact, however, only a small percentage of patients in county institutions, as compared with the State asylums, perform any productive labor. In one institution provided with a good farm, where thirty-six men patients were detained, the keeper informed the Commission that only seven or eight of them were usefully occupied. This in fact was the entire number of those able to do anything. Of the women a slightly greater proportion were employed about the kitchen, the laundry, or in general housework. The remainder were unoccupied, and apparently no effort was made to get them to do anything. No mechanical occupation or light in-door work is provided beyond that which is incident to the necessary housework. To establish and maintain such occupation would require the employment of a much larger force of attendants than they now have, and then they should be under the direction and control of an intelligent resident physician. Only a few of the insane can be trusted to work alone. It should be borne in mind, too, that labor is not the primary object to be sought in an institution for the insane, although it becomes an important factor in treatment, if intelligently applied. Hence, it should only be utilized to an extent that will inure to the patient's improvement. In many cases, the performance of manual labor of any kind would be liable to destroy all chances of recovery. The system in vogue in the county institutions in this respect can not be too strongly condemned. The labor there performed is without medical supervision, and much of it is undoubtedly done by patients who are not in a condition to labor, notwithstanding they may appear to be so to the unskilled observer.

It was a matter of surprise to the Commission to find in the insane departments of the county alms-houses that little or no provision has been made for the religious worship of the inmates, it being the universal custom in all properly managed hospitals for the insane to provide for religious services and for the spiritual needs of the sick and dying. In only a few instances had any effort in this direction been made. In most of the others no attention had been paid to the subject, to the extent, that is, of making any monied provision for the attendance of a clergyman at either regular or irregular intervals. It was explained in some cases

that occasionally a clergyman voluntarily came in; in one instance it was said that an effort had been made in this direction, but that it had been given up, while in another the Commission was informed that the board of supervisors appropriated annually the sum of thirty dollars for the purpose of providing religious services to the sane paupers, but that no similar provision had been made for the insane. In still another instance the Commission was told that religious services were held regularly for the paupers, and that such of the insane as desired to attend were privileged to do so. It may be remarked in passing that large numbers of the insane are quite capable of appreciating the benefits of religious instruction, and eagerly avail themselves of the privilege of receiving it. In fact, in most hospitals for the insane it is regarded as an important element in treatment. It would certainly seem that these people should not be denied a privilege usually accorded to even the humblest of sane citizens.

Another important feature of modern asylum management, and without which the highest degree of success is impossible of attainment, is that of classification, based on the various forms and conditions of disease that are represented among the inmates. For example, quiet and orderly patients should not be compelled to associate with the violent and disturbed, nor should the filthy usually be kept on the same ward with the neat and tidy; or the dangerous and destructive with those that are harmless. The suicidal, too, should be placed by themselves and kept under careful observation. It is not to be expected that proper classification can be applied with the small number of patients in these county institutions, except at a disproportionately large expenditure for necessary structural arrangements and a proportionately large number of attendants. It will be at once apparent that the county institutions are utterly unable to establish any proper system of classification. In fact, at some of them, the principle of classification does not seem to be understood by those in charge, while in others, the only classification attempted is the separation of the sexes; and even this is not always completely observed, for, in one instance, the commissioners found a male patient taking his dinner with the women, and in others it was found that the men and women worked together unattended. The superintendent of one county institution said that he was constantly fearful of the result of improper contact of the sexes.

This fear would appear to be not entirely groundless, as in one institution within a year or two a case was established of intercourse between an idiot woman and an insane man, which resulted in the birth of a child. This occurrence was admitted to the Commission, although it appears that a previous attempt was made to conceal the fact from the Legislature and the public by means of misleading affidavits.

The interests of humanity and economy alike demand that every institution for the custody of the insane should be provided with adequate means of protection against fire. The Commission regrets to say that in more than three-fourths of the county institutions no suitable means of fire protection was found, while in several of them there was absolutely none at all. In two only was a fire-escape observed. In one this was structurally unique, being an inclosed stairway extending at an angle of about forty-five degrees from a contracted opening in the wall of the third to the top of the first story, where it terminated in a chute, which reached to the ground. The chute was too low to admit of an erect posture, but it was explained to us that the patient could slide down it in case of fire. The danger of fire, always great where hundreds of persons are congregated under one roof, is immeasurably greater in asylums, where the inmates, lacking reason and self control, are locked at night in rooms or associate dormitories, where, as may happen through lack of proper attendance and care, they sometimes get matches; where they are allowed to smoke tobacco, and where, in many cases, disordered minds may entertain morbid and perhaps irresistible inclinations to kindle fires. In most of the county alms-houses the lack of proper fire protection is lamentably obvious, and it may be said to be a matter of surprise that losses of life from fire have not been frequent and dreadful. In one place, which seemed to be reasonably well protected, it was found that the key to the fire-hose closets was in the basement, and it was only after some delay that the key was found and the closets opened for our inspection. Of course the prime value of fire protection consists in the promptness with which it can be applied at the breaking out of fire, and in that sense the utter futility of the arrangement just referred to can be readily seen. The same superintendent of the poor who expressed his fears in regard to the contact of the sexes, also said that he was constantly worried by the danger to be apprehended

from fire. He said that the institution under his charge had been on fire not less than a dozen times during the past eight years. When it is understood that at this particular institution the men were allowed freely to smoke about the place; that a lamp was kept constantly burning during the day, without chimney, for the especial purpose of affording facility for patients to light their pipes, and that this lamp was in a room occupied by patients more or less disturbed, it will be apparent that the fear felt by this superintendent was by no means groundless. It must not be forgotten, too, that many of the insane, so far as their removal from a burning building is concerned, are more difficult of management and control than a similar number of young children. The poor creatures, being irrational, are unable to appreciate their surroundings, to understand commands or to appreciate danger and instances are not wanting when fires occurring in such institutions have been attended by fearful and lamentable results.

In opposition to the system of State care for the insane, much has been said in regard to the "herding" of large numbers of patients in one institution. The natural inference from this would be that hundreds are placed in one large room, or that they sleep in large dormitories, and that, therefore, it is impossible to apply to them any proper classification or individual treatment. It is proper that a word should be said upon this point. While it is true that some of the State asylums contain a large number of inmates, it should be understood that, although many patients are under the general control of one medical officer, they are not "herded" together. Under the system as it exists they are subdivided, only a small number being placed together, sometimes one or two hundred in one building or portion of a building; they are all classified and so separated that the inmates of one building or ward do not commingle with the others. In each instance they are under the care and treatment of a special physician, who receives his instructions from the chief medical officer. It is not essential, or even to be expected, that the chief medical officer of a great asylum shall personally know each patient under his control; but it is desirable that too great a number of patients shall not be under the immediate charge of one physician, and this is not true so far as the State asylums are concerned. The assistant physician is fully competent for the work imposed upon him under the care and observation of his superior officer.

To all intents and purposes, the patients occupying small detached buildings are as much dissociated as if the buildings were widely apart.

In the discussion of relative results as to treatment of patients in State and in county institutions, some advocates of the latter have fallen into a curious contradiction. As already stated, the basis on which the county care system rests is the alleged hopeless chronicity of some pauper insane. Yet it is claimed for this system that out of a total number of patients only one-half as great as the total cared for in the two State asylums for the chronic insane, nearly one-half as many more cures are effected in a year. If this claim of superiority of county over State care for the insane can be established, it would be well for the State to speedily change its entire policy in this matter. If in these county institutions, with their meagre appliances and their almost total lack of proper medical treatment, such remarkable results can be obtained, then it would appear that the millions expended by the State in the past quarter of a century upon provisions for the chronic insane have been practically thrown away; that all progress made in knowledge of this field of medical science has been a delusion or a dream; that learning, and research, and observation, and schools, and colleges, have served no useful purpose in one of the most important domains in human understanding. If this claim were well-founded, it might fairly be inferred from it, by parity of reasoning, that the broader the education, the greater the attainments, the larger the ability and the more thorough the skill and experience devoted to any given branch of human activity, the less valuable the results likely to be obtained. In any other line of action or of argument such a deduction would be recognized at once as absurd; and in this debate over the question of results secured under county as compared with State care of chronic insane, before any thoughtful mind accepts the conclusion gravely advanced by some advocates of the former, it may well be asked to pause long enough to consider how and by whom this matter of alleged recovery or improvement of chronic insane in county institutions is determined. Is it determined by physicians who, by their own admissions, have made but a very superficial study of insanity as a disease, and have had little or no training or experience in the care and treatment of the insane? Is it determined by keepers

and superintendents, most of whom know little or nothing about the subject? Is it determined by employés or attendants? Is it determined by friends or by the patients themselves? Some one or more, or possibly all, of these tribunals must have rendered the decision in each particular case which went to make up the aggregate of such recovered or improved cases reported by the county institutions; but how many of them prove to be real and lasting and how many only apparent and temporary, there is no way to ascertain. If the past statistics of these county institutions with a population of 1,500, are to be relied on, it appears that nearly fifty per cent more cures were effected in them within a year than were obtained in the State asylums for chronic insane with a population of 3,000. The real question is whether or not a cure has been effected. Usually that is a question requiring nice discernment by a skilled observer; in other words it is a purely medical question to be determined only by competent physicians. Without impugning the sincerity with which this claim is maintained by some, the Commission is convinced from all the information it has received that the statistics presented in support of this claim are wholly unreliable, some of the reported "cures" having no basis in fact.

The Commission would be remiss in its duty if it failed to note, in justice to the public, to the insane and to itself, some of the striking illustrations of evils inherent in the system of county care which were observed during its visitations of the exempted county alms-houses; but, at the same time, while some of the things which are about to be related are almost too shocking to warrant belief, names and places have been omitted lest any sense of personal injustice be felt, since many of the keepers and other employés of these institutions are worthy, hard-working and fair-minded people, who appear to be conscientious and zealous in the performance of duty; and the Commission would here publicly take occasion to acknowledge the fidelity and patient devotion to duty, displayed by many of these underpaid and overworked people who have insane patients in their charge and who are, only in a minor degree, responsible for the evils observed. Indeed, some of them have said to the commissioners that they deplore

the condition of things in their institutions as much as any one can, but that a lack of means, of facilities and of opportunities prevented them from obeying the impulses of their own conscience and judgment.* It is for this reason that names, places and localities are not given; but each instance, as related, is susceptible of convincing proof.

Within a small room, in an old and dilapidated wooden building, suitable only for an outbuilding, on a bleak and wintry day, was found a demented old woman, apparently about seventy years of age. She was in a state of turbulent dementia, scantily clad, barefooted, exceedingly filthy and unable to appreciate her condition or surroundings. She went about the narrow confines of her cell-like room, beating a spoon against the wall and uttering unintelligible cries. The furniture in the room consisted of a dilapidated bedstead, on which was a tick half-filled with wet and filthy straw, the quantity being insufficient to make a comfortable bed, even if the material had been wholesome and clean. Upon this tick was a soiled and wet cotton comfortable or quilt. In a corner of the room was a clumsy wooden chair, evidently intended for a commode. It was explained to us by the keeper that it had been provided for that purpose, but that the woman had latterly failed to make use of it. The floor was wet and otherwise soiled with excrement, the odor from which was exceedingly offensive. In fact, it smelled more like a privy vault than a place for the confinement of a human being. The door-way connecting this room with the corridor or hall-way was closed by a stationary wire screen. While no explanation was offered, the arrangement was evidently for the purpose of permitting warm air to pass into the room from the corridor, in the center of which was an old coal stove. One of the doors of the stove was open and, so far as observed, there was nothing to prevent, upon a slight jar, the rolling out upon the floor of hot coals, which might cause the destruction of the building. While the commissioners were standing in front of the cell, a pauper girl, apparently about 16 years of age, entered the room through a side door which was fastened with a hook on the outside. She carried a basin of food, which she placed on the bed and passed out. The old woman proceeded to munch some of the food out of the basin, and placed it on the floor. Upon being interrogated this young girl explained that she and another inmate of the poor-house, a colored girl, were the

only persons who attended this old woman; that they did the best they could for her; that they looked after her bed; that they brought her bed-clothing at night; carried her food, etc. She said that the woman was left alone, there being no other occupants of the building except five or six filthy men patients who occupied the other rooms, and these without attendants either day or night, except a pauper who took them to a distant building to their meals. The keeper upon being questioned did not deny that the woman was left alone in the same building with the men, and in extenuation of such a horrible state of affairs said: "You ought to have known the condition of the insane here a few years ago." He did not pretend even that the woman had any other care than such as has been described; he said she was placed there because she was troublesome and filthy and he did not know what else to do with her.

In this same building the key of the doors of the other rooms was only found after some difficulty and delay. The beds in these rooms were examined and presented a most shocking appearance. The ticks were only partly filled with straw and the bedding was saturated and discolored by human filth. The odor from the beds was extremely offensive, penetrating the whole building. The keeper explained that the occupants of these rooms were all filthy patients; that there were not sufficient facilities to properly care for them, and that, therefore, they were placed in this old structure; were taken by a pauper to their meals, and at night were left together in the building with the woman, unattended.

At this same institution in the "new building," upon opening the door of a patient's room, a woman was found standing in a corner with a cotton quilt over her head. At the request of the commissioners she was brought out and the woman attendant in charge was interrogated as to her history and condition. She was bare-footed and evidently had nothing on her person except a blue cotton skirt and a man's coat. The attendant when asked if the woman had on any other clothing, replied that she had not. She said that the patient was extremely filthy and disturbed; that she was kept in the room in order to avoid trouble; that occasionally she was brought out and strapped to a wooden post which supported the ceiling of the room adjoining. The floor of the room which this patient occupied was wet and foul with urine. The only furniture in the room

was an empty bedstead, although it is fair to presume that at night bedding was provided. When it is remembered that the day in question was so cold that snow had fallen and that there was no way for warm air to enter the room except through the door, which was kept closed, it may be justly inferred that this woman suffered from the cold, and her appearance indicated that she was cold, although she made no complaint of it.

In another institution a woman was discovered sitting in a strong wooden chair, secured to the floor. A board hinged to one arm of the chair and fastened to the other by means of a padlock rested across her lap so that she could not possibly rise until it was removed; a box-like arrangement underneath contained a chamber. An explanation being asked of the keeper, who accompanied the commissioners, he said that the patient was an exceedingly filthy one; that, unless thus confined, she would defile the whole place in the course of a few hours, and that the chair had been constructed so that the excrement might be deposited in the chamber underneath. It had not occurred to the keeper that prolonged sitting in such a constrained posture on such a seat would soon become very painful and possibly result in permanent injury. At the request of the commissioners the chair was unlocked and the woman taken out, and they examined the contrivance, after which, the keeper, a man, unhesitatingly raised the woman's clothing and replaced her on the chair. It should be stated that this was done openly in the presence of the commissioners, without any attempt at concealment, the keeper apparently not realizing its impropriety. When questioned and admonished, he explained that he had been in the habit of looking after the wants of the women patients as much as he had those of the men; that his wife had other duties to perform a good deal of the time; that it was absolutely necessary that these women should receive attention, and that he had been among such people so long that he had come to make little distinction between the sexes. It is worthy of remark that this keeper appeared to be one of the best and most humane of all that we met, and it was clearly evident that he had performed his duty to the best of his ability and understanding. It need hardly be said that the performance by a man of such services for insane women as are usually and can only properly be performed by women is entirely

unjustifiable; or that he should never be upon the women's wards except in the presence of his wife or a female attendant; but when it is understood that at this place, in which there were in round numbers fifty patients, the entire work of the institution except the little performed by the patients was done by the keeper, his wife and a "hired girl," it may be thought that this state of facts possibly furnished some slight excuse for so reprehensible a practice.

In another institution an old, demented and feeble patient was found in bed, having by his side an invalid's chair upholstered with some white fabric for the evident purpose of making it softer. The covering of this chair was befouled with human excrement, which was thoroughly dry at the time it was observed. An examination of this old creature showed that he was suffering from bed-sores; that the sheets were soiled and that he was lying on a straw tick that was not more than half filled.

In the same institution in a room adjoining the men's corridor, was found a man about thirty years of age, fastened in a chair at the foot of his bed. He was chewing tobacco and was expectorating the juice upon the once white coverlet of his bed. To the most casual observer it would have been evident that the man, aside from his clearly marked insanity, was much debilitated. When asked why he was fastened, he said it was to prevent his running away; that when he went out to work he was chained. The attendant was asked if that were true, and he said it was. He was told to bring the anklets and chains, and to place them upon the patient as they were placed when he was taken out to work. This he did without hesitation. In justice to the keeper and the management, it should be stated that the patient in reply to a question said that the iron anklets did not hurt him; that they simply prevented his running away; that he wanted to leave the place and go home, and certainly would have done so had he not been restrained. It did not clearly appear why it was necessary for this sick and feeble man to be taken out in chains and worked.

At this same place, a woman was observed sitting upon the ward with a badly swollen face. She complained that she had been unable for days to see the doctor. When the attendant was questioned in regard to the matter, she said that it was

evident the commissioners did not understand the case; that the woman frequently made similar complaints, and, even if a doctor were called, he could do but little for her. The medical commissioner examined the woman's face and found that the swelling and pain were due to an ulcerated tooth, from which a very little medical attention would have relieved her. The attendant on the ward afterwards explained that she did her duty as well as she knew how; that she gave the patients all the care and attention possible.

On the women's ward of another institution the scene presented was that of a veritable bedlam. In this ward were found, indiscriminately huddled together, paupers, children, vagrants and insane, all in a state of extreme disorder. One motherly-looking woman was discovered going about the place bare-footed, with apparently nothing on but a skirt and a cotton under-waist, the latter of which was so much disordered as to permit the exposure of her person. The keeper explained that at intervals this woman was "sane" and was then permitted to leave the institution; that at such times she was a modest, respectable, hard-working woman. It certainly appeared to be a monstrous wrong that a woman, who at times is rational, should be compelled to stay in a place where there is little or no distinction made between the sane and the insane pauper.

In one instance, when the question of bathing was under discussion, and when it was found that four and five patients were bathed in the same water, the explanation was made with some care that "the patients with skin diseases are bathed last." In another it was stated that two filthy patients were put in the same bed; undoubtedly, this was for the purpose of saving bed clothing, trouble and annoyance. These two instances of loathsome practices might also be cited in illustration of the crude ideas of classification that obtain in some of these county institutions.

In one of the largest county institutions in the State, one of the only two in which a resident physician is employed, a most deplorable condition of affairs was discovered. This physician was found acting in the place of an attendant; in fact, was attending the male patients or a portion of them at dinner. He was standing over the table giving orders to the patients, his hat on his head and a cigar in his mouth; his tones were rough and

brusque in the extreme. His manners and actions were so peculiar that the Commission made some inquiries in regard to his methods. The keeper informed us that he had repeatedly called the attention of the superintendent of the poor to the necessity of having this physician removed; that he was grossly incompetent, and that he, himself, would not take a dose of medicine prescribed by him under any circumstances whatever; and yet it appeared that this physician had been in charge of an institution containing nearly 400 patients for a period of sixteen months, and that he was appointed to his present position the day immediately following his graduation. It needed but a slight examination to disclose the fact that the physician was clearly incompetent for the performance of his duties; that he possessed no practical knowledge of mental diseases, and that this, together with his conduct and bearing, clearly indicated his unfitness for the medical charge of such an institution. The institution, for the most part, was in a state of extreme disorder and confusion, which, with the conduct and appearance of the patients, presented a most distressing picture, closely resembling that of an ideal mad-house as portrayed in the pages of fiction; patients going about singing and shouting, with disheveled hair, disordered clothing—in fact, typical raving maniacs, seemingly beyond the control of the attendants in charge. This state of things was only what might naturally be expected from the total lack of proper supervision. In one of the women's wards, in the presence of the commissioners, a woman fell in an epileptic fit, went through all the horrors of convulsions in the presence of the other patients, and, during their stay on the ward, was allowed to lie there with her limbs exposed, and other patients walking about and stepping over her without the slightest concern. It is hardly necessary to state that the commissioners took steps to secure the removal of this incompetent physician. It was weeks, however, before the removal was made. After the physician learned that an effort was being made to displace him, he wrote a letter to the Commission, in which he asked to be retained, and, among other things, described his qualifications as a medical officer for the care and treatment of the insane. This letter is so extraordinary, and gives such a clear insight into the character, training and qualifications of the writer that the Commission deems it advisable to

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disclose a portion of its contents to the public, especially as the letter concludes as follows: "This letter I wish you to regard in no way as private." The letter also indicates the duties which he, a resident physician in a poor-house having two departments, was expected to perform: "Nearly all the sickness of the institution is upon the poor-house side. For more than eight months I dressed more than ten ulcers per day on the average, and even as many as fifteen per day. The poor-house contains generally about 180 paupers, and all of these expect and should have treatment. There are always as many as fifty of these pauper invalids that I have to call upon, question, treat if necessary, each day. During the last summer until October, I was obliged to act as an attendant in the men's ward for as many as twenty-four hours per week on the average. This average is under rather than over. * * * Patients are very rarely inclined to hurt any one. When such a thing happens and the patient is a woman, she is simply shut in her room, and in about three cases, that I recollect, not allowed to go to the next meal. If she is very violent and the fit is one of ugliness, we either put her in the down-stairs room or confine her in the crib for five or six hours. If she is persistent, violent and maniacal, we strap her to a chair, put on the muffs or camisole. If the patient is a man, who becomes violent in my presence, I choose to deal with him alone. If an attendant is with me I do not wish his help with such cases as I have had experience with in this institution. I can walk up to any of our men, however violent they may be, and throw them on their backs, without striking or hurting them. After this treatment, three times out of four they are humbled. If they are not, I let them regain their feet and throw them again, and if this does not answer they are confined to a room."

It is not claimed, nor is the impression intended to be conveyed, that this physician represents a fair type of the physicians in charge of county institutions, but it is safe to assert that any system which admits of such a gross disregard of common decency, humanity and justice is unworthy of perpetuation. Here was a case of the appointment to a responsible position of a man who clearly did not possess the slightest qualifications for the place, and whose lack of qualifications had frequently been called to the attention of the authorities; yet no effort had been made

to remove him, and for months thereafter he had been allowed to retain his position, having in charge hundreds of poor, unfortunate and helpless inmates, both sane and insane.

Much has been said of the importance of visits of friends and relatives to insane patients, and it has been urged as an argument against the exclusive care of the insane by the State, that the removal of patients to great distances from home would prevent their receiving such visits. It may well be doubted whether friends or relatives make as many visits as it is claimed they do; in fact, many persons in a position to know deny that such is the case. Moreover, experience has abundantly shown that frequent and indiscriminate visitation of insane patients is often injurious to them, producing excitement, arousing hurtful emotions, and in some cases undoing all that has been accomplished in months of patient and careful medical treatment. Indeed, the Commission is convinced that much harm results from the undue extent to which the privilege of visitation is carried under existing rules of boards of management at the State asylums, and that, like all other matters directly affecting the condition or control of the insane, visitation should be regulated by the medical officers. But assuming that the privilege of visitation may be of some importance, the question remains whether the State has not a superior right to insist that every effort be made to promote the recovery or improvement of all its insane. Even if we concede the propriety of visitation within reasonable limits, can it possibly outweigh the known and the important benefits resulting to patients from uninterrupted application of such medical treatment and such a standard of care as are not available in county poor-houses? •

As respects the relative economy of the two systems, the Commission regrets its inability to present facts and figures sufficient to warrant any definite conclusion, owing mainly to the fact that almost without exception county institutions keep no account of the cost of support of their insane apart from that of the sane

paupers. In most of them the *per capita* cost of their combined inmates is only approximately ascertained; or, as one keeper expressed the idea, "We call it one dollar and thirty cents a week, but really it comes nearer two dollars." It will thus be seen that the difference in actual cost per week, between this one institution, at least, and the Willard asylum, is small, perhaps not exceeding twenty-five cents, if it be so much. Of course, due economy should be observed in the care and maintenance of the dependent insane as fully as in any other department of the public service, but no one would desire to have economy carried to an extent that would deprive these unfortunate people of that measure of comfort and care to which their condition entitles them. As compared with State care, it is claimed that the cost of maintenance in county poor-houses is much less. But for the reasons already given, this claim is largely based on conjecture. Indeed, there is no certainty about it. In a few instances a separate estimate had been undertaken, but in each case examined by the Commission, it was found that no reliable comparison could be made. For example, in some the officers' salaries were not included; in some the physician's compensation was not taken into account, while in others no allowance was made for the products of the farm or the labor of patients. In the only county where the accounts are entirely distinct, the cost of maintenance is admitted to be considerably more than that charged at the Willard asylum. Many officers of county poor-houses freely admit that if a standard of care equivalent to that maintained at the State asylums were exacted, the *per capita* cost at the county institutions would largely exceed the rates charged at State asylums for the chronic insane. The reason for this will be readily seen when it is recalled that it costs proportionately more for the care of a small number of insane than of a greater. For example, two night attendants can as well look after fifty patients as after twenty. Then again, in case of a large number of patients some classification can be had; a large number of quiet patients can be kept together with a small amount of attendance, and so on through the various methods of classification which obtain in the large asylums; a similar advantage can be taken in making purchases on a large scale. But, at all events, the *per capita* difference between the two systems can be but trifling, and should have little or no weight in comparison with the broader

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question of humanity. Obviously that method alone should be pursued which will insure to the insane the fullest measure of benefit.

The number of chronic pauper insane cared for by the State is 3,138, and the number cared for by the counties, exempt and non-exempt, is 2,233. It will be seen that excluding the counties specially exempted by law, namely, New York, Kings and Monroe, the State already cares for far the greater part of the chronic insane, and, if it be true, as claimed by the advocates of county care, that the chronic insane can be cared for as well and at less cost in the county poor-houses than in the State asylums for that class, then it would follow that all of that class should be removed from the State asylums to the poor-houses of the counties to which they belong. If in this matter the State has been following a wrong line, the sooner the mistake is corrected the better. If State care is inexpedient, it should be abandoned, no matter how great the outlay of money has been, and logically the same rule applies to county care. If this is faulty, it should be discontinued, no matter what the cost to the counties has been. But it should be said here that the total value of buildings exclusively used by the insane in the exempted counties can not, in the judgment of the Commission, exceed half a million dollars. Furthermore, if the system of county care should be totally abandoned, the buildings now owned by these exempted counties and used as insane departments of the poor-houses could advantageously be utilized for needed accommodation of sane paupers, now, in most cases, it is believed, greatly overcrowded.

In every civilized nation the insane are regarded as the wards of the State, holding to it a relation similar to that of children to their parents; hence the State is justified in special measures regarding them which would not be warrantable in regard to any other class of its citizens. They suffer from a disease which, unlike any other, is peculiar in this, that as a rule deprivation of liberty is an incident to its successful treatment. No person can

be deprived of his liberty except by the operation of general laws; and there is no insane person to-day who can be deprived of his liberty except by a judicial decree. To be sure, the insane are deprived of liberty not only as a primary step to recovery, but also for the protection of the community or of themselves. Nevertheless, their position in this respect is extraordinary, and every proceeding in regard to them should be taken with this fact in view. If a convict complains of cruel treatment, or of lack of food, or of lack of proper shelter, or of lack of medical attendance, it might be said that this resulted from his own evil courses and his disobedience of the laws of the State. So, too, if a sane pauper complains of lack of these things, it might be said that it was his own improvidence and idleness that had compelled him to accept public bounty. Then, again, he is free to refuse that bounty and to seek his subsistence elsewhere in any way that he chooses. Not so, however, with the insane pauper; through no fault of his own he is deprived of his liberty and must submit to the treatment accorded him, whatever its nature. Outside of all this, the great fact remains that, in considering the subject of the care and treatment of the insane, whether by State or county, the highest place should be given to its humane aspect. Many of the insane are rational and appreciative with respect to matters outside of their delusions; they are not insensible to neglect and ill-treatment. It requires no stretch of the imagination to fancy what the condition of such patients must be, with no means of suitable occupation or amusement, with nothing to divert the mind or the eye, with no reading matter, with no light to read during the long evenings if reading matter were provided, to say nothing of enforced association with filthy and disturbed and violent patients. All these things they must think of at times and keenly feel.

The benevolence of this great State, in its care for the insane, has had a progressive development which can not be allowed to stop or halt, but must be maintained. The State's relations to its insane, while greatly improved within the past thirty years, are not yet settled on an entirely satisfactory basis; they need further revision and legislative action; they ought to command a foremost place in public regard, since the claims of suffering humanity take precedence over merely material or pecuniary policies.

The conclusion of the Commission regarding the system of county care of the insane is, that however feasible in theory, in practical operation it has been found to have failed and fallen far short of the hope entertained for it when the act of 1871, sanctioning its trial, was passed. As a system it has developed inherent difficulties and defects which seem to be ineradicable, and which make its successful operation in all essential respects impossible. Such being the case, it ought to be abolished and the policy of State care for all of the insane, both chronic and acute, should be reestablished at the earliest practicable date. It can not be said that the system of county care has not had a fair trial. It has been in vogue since 1871 under exceptionally advantageous circumstances. During all that time it has had the advantages of State supervision, and yet it has failed to meet every reasonable or just expectation. If the system has been a failure for nearly twenty years, is it not reasonable to conclude that it is likely to be a failure for all time to come. It is not claimed that the system of State care as now conducted is perfect, but it is steadily progressive; it is humanely and intelligently administered; it represents all that is best in the present state of medical knowledge; and whatever other criticism may be passed upon it, it certainly can not be said that the inmates of the State asylums are not comfortably housed, sufficiently clad, properly fed, provided with sufficient attendance and care, and given medical supervision and treatment of an exceptionally high order.

The Commission recommends:

1. That all of the insane in the county poor-houses in all of the counties of the State, except New York and Kings, be transferred at the earliest practicable date to State asylums.
2. That to each State asylum should be assigned a certain number of counties having reference to population, proximity to and capacity of the asylum, etc., as a district from which all the insane resident therein shall hereafter be sent to said asylum.
3. That the State erect comparatively inexpensive buildings on the grounds of the State asylums, at a total cost for construction, equipment and furniture not exceeding \$550 per patient.
4. That the State assume the entire expense, not only of clothing and maintaining the insane, but also of removing them to and returning them from the asylums.

5. That the Legislature at its present session make a sufficient appropriation to commence the work of erecting and fitting up these buildings.

INCREASE OF INSANITY.

In the absence of uniform and reliable statistics covering a long period of years, it is impossible to accurately determine whether or not the number of insane persons is increasing proportionately faster than the increase of population. At best, opinions only can be given. There certainly has been a numerical increase of the insane each year for a long period of time. It is doubtful, however, if the ratio of recent cases occurring now is much greater than heretofore, excepting perhaps in that most fatal of all forms of mental disease, general paralysis of the insane, or, as it is commonly called, paresis; and while there is doubtless some foundation for the popular belief that the ratio of insanity is increasing in all civilized countries, as a result of conditions peculiar to civilization and which tend to undermine both bodily and mental health, it is quite probable that this increase is to a considerable extent more apparent than real. That there has been and is a steady and somewhat rapid increase in the number of insane persons to be cared for is evident to even the most casual observer. The explanation of this large numerical increase is to be found mainly in the following facts: The steady growth of the population arising from native increase and from the annual influx of foreign immigration with its undue proportion of mentally defective persons who, as a rule, remain within the borders of the State; a better and wider knowledge of the nature of insanity which brings to notice a numerous class of cases of a mild type that formerly were not regarded as proper subjects for care increasing confidence in the management of hospitals for the insane, together with a growing realization of the fact that insanity is a disease demanding treatment instead of a demoniacal possession to be regarded with something akin to shame and disgrace, leads the friends of the insane to seek medical advice and treatment for the disease, whereas formerly they tried to conceal its existence; the duration of insane life, also, is materially greater under modern methods of care in asylums. Then, too, the reported number of admissions to asylums is misleading on account of the fact that a single person may be admitted, discharged and readmitted several times, each admission being counted in the

returns as a new case. This is a matter of frequent occurrence in asylums. The transfer also of patients from one institution to another, in the returns of each of which they appear as new cases, helps to swell the statistics as to numbers. It is probable, also, that the baneful practice which now obtains of committing recent cases to county alms-houses where they are detained without proper treatment, either permanently or until the chances of recovery have greatly lessened, tends to augment the number of insane, as well as the burden of the taxpayer, and, finally, much greater care is exercised in enumerating the insane than was formerly the case. That to these things the increase is partly attributable, will not be denied.

The Commission hopes to secure a registration of all the insane in the State and in time to accumulate an amount of reliable information, from which useful comparisons and valuable deductions may be drawn.

NECESSITY OF ADDITIONAL PROVISION FOR IDIOTS.

There is another unfortunate class which should receive consideration by the Legislature, namely, the idiotic. This class is, perhaps, the most helpless, certainly the most hopeless, of all human beings. Congenitally incapable of any considerable degree of intellectual development and thereby doomed to a sad and distressing condition of inferiority and inability to rise in the scale of life, but little can be done for even the most highly endowed of these individuals, by way of utilizing the small intelligence they possess. But there is a class of them who are helpless and unteachable, and who are destitute of even sufficient intelligence to enable them to exercise the slightest care for themselves, and for these no adequate provision has been made.

At the instance of the Commission, Dr. J. C. Carson, superintendent of the State Idiot Asylum, at Syracuse, prepared a paper setting forth his views on the condition of this class, and on the duty of the State in the premises. Of this paper, which is too voluminous to be conveniently printed in full, a copious extract, expressive of its leading points and concurred in by the Commission, is given as follows :

Previous to 1851 no public provision had been made by the State for the care of the idiot. In October of that year the first institution was opened. The primary object of this was to

furnish teachable idiots with educational advantages, it being felt that they were as well entitled to such advantages as the deaf and dumb or the blind. For many years from that date all the efforts of the State, so far as they related to the idiot, were solely directed towards educating those who were capable of training. It was not until about the beginning of the past decade that those interested in the subject began to perceive that the policy of the State should be modified, and that there was another side to the question fully as important as the one which had heretofore been discussed, namely, the care by the State of the helpless and unteachable idiot. Within this period the State has recognized the necessity of departing from its original purpose by providing a custodial asylum for feeble-minded women, which institution now contains about 250 inmates. The purpose of this institution is solely to keep in custody idiot women of child-bearing age, for reasons that are obvious. It is now urged by philanthropists and others who have given special care and study to the subject that the policy begun by the State in the erection of this institution be greatly extended, and the arguments that have been advanced in behalf of such a course seem both wise and humane and well calculated to promote the welfare of the commonwealth.

According to the best estimates obtainable there are in the State of New York 7,200 idiots. A large proportion of this number is cared for in families or in poor-houses and other institutions. But of the whole, it is estimated that about 1,450 belong to the helpless and unteachable class, or one in every 4,000 of the population. A large part of this number, estimated at nearly one-half, are in the families of the poor, for whom the State has never yet attempted to make any special public provision, the remainder being located as follows: In the State asylums for the insane and the poor-houses, 500; in the Custodial Asylum at Newark, 250; in the Brunswick Home at Amityville, 50, and in the State Asylum at Syracuse, 100; so that in all the State should make provision for about 1,200 of this class. The 500 in asylums and poor-houses should be removed as soon as other provision can be made for them; and, at all events, steps should be taken by the State at once to provide a custodial asylum for those who receive public care, remembering that every one removed from an asylum increases accommodations needed there for the insane.

The reasons which should induce the State to enter at once upon some scheme for the relief of this helpless and most unfortunate class of people are too obvious to need full enumeration. Humanity and economy strongly appeal for such a course. This class constitutes a detriment to society. The evils which are engendered by their distribution about the State, one, two and sometimes even three, in a single family, where they cause the greatest distress and anxiety, shadowing the lives of all those necessarily brought into their daily presence and association, can scarcely be enumerated, the most fearful of these being their inevitable reproduction, unless permanent care and custody is provided for them.

The Commission has considered this subject, and it cordially indorses the earnest arguments made in behalf of State care for at least the helpless and unteachable idiot, at all events, to the extent above indicated, and it therefore recommends that early action be taken to provide a custodial asylum capable of caring for 1,200 or more inmates. An examination of the matter has satisfied the Commission that it is impracticable to materially enlarge the parent institution at Syracuse.

SUMMARY OF RECOMMENDATIONS.

1. That the system of accounts and statistics of the State asylums should be unified.
2. That the statutes, so far as they relate to the State asylums and the property rights of the insane, should be revised.
3. That official responsibility should be more clearly determined.
4. That the statute relating to private patients in State asylums should be enforced.
5. That the discharge of patients from custody be vested solely in the medical officers.
6. That all laws having for their object the division of the insane into the so-called classes "acute" and "chronic" be repealed, and that all the insane be treated solely with reference to their curability.
7. That the law be amended so as to permit the transfer of patients from one asylum to another.
8. That the fee or mileage system as applied to the transfer or the removal of the insane should be abolished.

9. That greater safeguards be provided by statute for the service of legal papers upon the insane.

10. That the statute relating to the discharge of public patients upon bonds be amended.

11. Requiring production of the record and permitting the medical officer in charge of an asylum to testify upon the return of a writ of *habeas corpus* sued out to discharge a patient.

12. That the insane State paupers be provided with a different method of treatment from that given to sane State paupers.

13. That the State assume the care of all of the insane poor of all the counties of the State, except New York and Kings.

14. That an asylum be provided for the helpless and unteachable idiots.

CARLOS F. MACDONALD, M. D.,

Chairman.

GOODWIN BROWN,

HENRY A. REEVES,

Commissioners.

STATISTICAL APPENDIX.

STATISTICS.

While it has not been thought necessary to reprint in this report the annual statistical exhibits of the State asylums, an effort has been made to deduce from them, as well as from special tables prepared by the Commission, such general information regarding these institutions, their present valuation, the number and distribution of the insane throughout the State, the cost of their maintenance, the different phases of insanity, its treatment, etc., as the Commission believes will be of interest to the Legislature, to the medical profession and to the public at large. Information upon particular subjects not covered by the tables herewith presented may be found in reports of the managers of the asylums transmitted to the Legislature from time to time during the session.

It had been thought possible to cover in the tables the general operations of State institutions since the earliest date of opening but because of the impossibility of obtaining statistics concerning the earlier years of several of the asylums and because of lack of uniformity in their existing system of records and finances this plan was reluctantly abandoned. The tables, therefore, cover only the period of the past twelve months and are as complete as the widely differing systems of statistical tabulation in vogue in the various asylums will permit.

Table No. 1 is designed as a general statement of the asylums erected by and under the control of the State, and is an exhibit of the total valuation of these institutions; the amount and classification of the receipts and expenditures during the year; the capacity of the institutions; the weekly per capita cost of the support of patients; the weekly charge to counties, etc., etc.

In Table No. 2 is presented the census of the insane in custody in all the institutions of the State, including State asylums for acute and chronic insane, the State Asylum for Insane Criminals, and the State Emigrant Hospital, the asylums of the counties of New York, Kings and Monroe, the city alms-houses, the alms-houses of counties exempted from the operation of the Willard act, the county alms-houses of non-exempted counties, and the licensed and incorporated private asylums of the State.

As will be seen from the table, the number of insane in custody on the 1st day of October, 1889, was 15,507, distributed as follows:

State asylums for acute insane.....	2,063
State asylums for chronic insane.....	3,138
State Asylum for Insane Criminals	219
State Emigrant Hospital.....	22
Counties of New York, Kings and Monroe*.....	6,970
City alms-houses.....	6
Alms-houses of exempted counties.....	1,848
Alms-houses of non-exempted counties.....	385
Private and quasi-public asylums.....	856

Total	<u>15,507</u>
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This shows an increase in the number in custody during the year of 593. (See increase of insanity, page 75.)

Table No. 3 shows the assigned cause of insanity in 1,000 new cases admitted to State asylums during the year.

Table No. 4 shows the number and percentage of recoveries and deaths in the respective State asylums since date of opening.

Table No. 5 shows the forms of insanity reported in the admissions, recoveries and deaths.

Table No. 6 shows the causes of death of 360 patients who died in State asylums during the year.

Table No. 7 shows the first and subsequent admissions of patients.

Table No. 8 shows civil condition, degree of education, etc., of patients.

Table No. 9 shows duration of insanity previous to admission and period under treatment of patients discharged recovered during the year.

Table No. 10 shows duration of insanity previous to admission and period under treatment of patients discharged not recovered during the year.

Table No. 11 shows duration of insanity previous to admission and period under treatment of patients who died during the year.

Tables Nos. 12, 13 and 14 show ages of patients admitted, discharged recovered and died during the year.

Table No. 15 shows alleged duration of insanity of patients admitted during the year.

Table No. 16 shows period of asylum residence of those remaining under treatment September 30, 1889.

Tables Nos. 17 and 18 show occupation and nativity of patients.

Table No. 19 shows residence by counties of patients admitted during the year.

Table No. 20 shows classification and residence by counties of private and public patients remaining in State asylums September 30, 1889.

Table No. 21 shows number of idiots and epileptics in county poor-houses, September 30, 1889.

* New York, 4,856, Kings, 1,788, Monroe, 326.

TABLE No. 1.
General statement of the seven State asylums, September 30, 1889.

	State Lunatic Asylum, Utica.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Date of opening.....	1848	1871	1871	1880	1869	1881	1869
Total acreage of grounds and buildings.....	225	633	211	208	930	1,067	8
Value of real estate, including buildings.....	\$699,807 89	\$1,887,032 77	\$813,117 16	\$1,344,163 19	\$1,343,800 00	\$574,000 00	\$217,400 00
Value of personal property.....	59,384 08	79,814 15	64,375 00	50,478 53	134,865 81	71,934 44	20,861 36
Acres of farm land under cultivation.....	140	250	27	134	800	800	7
Capacity of institution.....	660	750	550	350	1,338	938	175
Daily average number under treatment.....	645	475	536	383	2,004	1,100	219
Receipts during year from State (for officers' salaries, extraordinary improvements, etc.).....	\$51,826 49	\$184,271 26	\$75,145 85	\$56,159 51	\$26,505 54	\$71,000 00	\$28,710 70
Received from counties.....	111,480 89	93,931 24	51,233 30	70,197 41	253,061 80	147,489 95	20,198 60
Received from private patients.....	41,081 74	31,778 25	90,486 60	14,566 59	.....	.....	.....
Received from all other sources.....	3,801 82	3,164 92	9,049 64	17,299 83	4,271 20	3,250 69	467 31
Total receipts during year.....	\$208,191 01	\$313,145 67	\$225,915 39	\$158,223 44	\$283,838 54	\$231,740 64	\$47,376 51
Total expenditures during year.....	\$206,292 76	\$355,225 70	\$228,922 44	\$150,818 46	\$284,871 58	\$198,860 14	\$44,578 38
Weekly per capita cost on current expenditure inclusive of clothing.....	\$4 59	\$4 74	\$5 46	\$4 14	\$2 46	\$2 82	\$3 89
Charge to counties.....	3 75	4 20	3 75	3 90	2 25	2 25	3 75
Maximum and minimum rate of wages paid attendants:							
Males.....	\$50-\$20	\$38-\$18	\$36-\$18	\$45-\$22	\$35-\$18	\$28-\$14	\$33-\$18
Females.....	35-12	30-12	48-12	24-13	22-12	20-10	25-15
Proportion of day attendants to average daily population.....	1 to 6	1 to 8	1 to 7	1 to 8	1 to 11½	1 to 10	1 to 12
Proportion of night attendants.....	1 to 80	1 to 85	1 to 55	1 to 76	1 to 96	1 to 69	1 to 55
Percentage of daily population engaged in some kind of useful occupation.....	46 30	37 00	31 50	82 00	60 00	41 00	55 00
Estimated value of farm and garden products during year.....	\$17,357 88	\$14,544 92	\$8,389 60	\$8,027 50	\$29,451 09	\$26,802 25	\$1,375 66
Estimated value of furniture and wearing apparel made by patients during the year.....	6,978 38	2,440 56	668 69	2,534 72	14,846 00	4,909 40	2,360 00

TABLE No. 2.

Showing the number of insane remaining in institutions in the State October 1, 1888, the number admitted and the total number under treatment during the year, and the number remaining October 1, 1889, with the increase or decrease.

STATE ASYLUMS FOR ACUTE INSANE.

INSTITUTIONS.	REMAINING OCTOBER 1, 1888.			ADMITTED DURING YEAR ENDING OC- TOBER 1, 1889.			TOTAL IN CARE DUE- ING YEAR ENDING OCTOBER 1, 1889.			REMAINING OCTOBER 1, 1889.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
State Lunatic Asylum.....	310	301	611	249	217	466	559	518	1,077	326	327	653	42	.....
Hudson River State Hospital.....	259	217	476	169	129	298	428	346	774	287	226	493	17	.....
State Homoeopathic Asylum.....	229	230	459	146	104	250	375	334	709	274	240	514	55	.....
Buffalo State Asylum.....	172	196	368	166	127	293	338	323	661	263	200	463	85	.....
Total.....	970	944	1,914	730	577	1,307	1,700	1,521	3,221	1,070	993	2,063	149	.....

STATE ASYLUMS FOR CHRONIC INSANE.

Willard Asylum.....	945	1,017	1,962	141	137	268	1,086	1,144	2,230	966	1,064	2,030	68	.....
Binghamton Asylum.....	517	560	1,077	82	82	164	599	642	1,241	594	584	1,108	31	.....
Total.....	1,462	1,577	3,039	223	209	432	1,685	1,786	3,471	1,490	1,648	3,138	99

STATE ASYLUM FOR INSANE CRIMINALS.

202	15	217	72	2	74	274	17	291	203	16	219	2
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STATE EMIGRANT HOSPITAL AND ASYLUM.

14	12	26	65	69	134	79	81	160	5	17	22	4
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COUNTY ASYLUMS FOR ACUTE AND CHRONIC INSANE.

New York county.....	2,103	2,549	4,682	713	705	1,417	2,859	3,284	6,089	2,311	2,645	4,858	204
Kings county.....	631	1,080	1,681	278	245	533	859	1,245	2,204	734	1,064	1,788	107	.....
Norfolk county.....	124	1,166	280	69	34	123	183	220	413	151	175	326	86	.....
Total.....	2,908	3,715	6,623	1,059	1,004	2,063	4,011	4,719	8,686	3,096	3,874	6,970	347	.....

CITY ALMS-HOUSES.

Kingston.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Poughkeepsie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oswego.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Newburgh.....	13	8	21	1	.....	1	14	8	.....	6	1	6	.....	15
Total.....	14	10	24	1	.....	1	15	10	25	5	1	6	.....	18

COUNTY ASYLUMS, SO CALLED.

Broome.....	39	40	79	10	8	18	49	48	97	38	44	82	3	.....
Cattaraugus.....	50	39	89	3	4	7	53	48	96	42	40	82	.....	7
Chautauque.....	66	56	112	17	15	32	73	71	144	59	61	120	8	.....
Chemung.....	26	29	64	1	1	2	26	30	66	14	30	44	.....	10
Clinton.....	17	22	36	3	1	4	20	23	43	14	21	36	.....	4
Cortland.....	16	16	32	3	2	5	18	19	37	13	15	28	.....	4
Erie.....	193	177	370	70	24	94	263	201	464	207	184	391	21	.....
Jefferson.....	7	30	37	2	4	6	9	34	43	7	34	41	4	.....
Lewis.....	21	14	36	1	1	2	22	15	37	21	15	36	1	.....
Madison.....	18	13	31	14	8	22	82	21	53	26	23	49	18	.....
Monroe.....	145	163	308	41	33	74	186	186	382	152	169	321	13	.....
Onondaga.....	40	72	112	15	10	25	65	82	137	44	72	116	4	.....
Orange.....	35	32	67	9	9	18	44	41	85	35	35	70	3	.....
Oswego.....	34	49	83	14	29	43	48	78	126	35	44	79	.....	4
Queens.....	66	66	122	18	21	39	74	87	151	67	64	121	.....	1
Suffolk.....	23	28	51	5	2	7	28	30	58	14	20	34	.....	17
Tioga.....	14	26	40	11	3	14	25	29	54	16	20	35	.....	4
Ulster.....	31	34	65	14	10	24	45	44	89	43	41	84	19	.....
Wayne.....	34	33	67	10	6	16	44	39	83	31	28	59	.....	8
Wyoming.....	13	13	26	1	.....	1	14	13	27	9	11	20	.....	6
Total.....	867	962	1,819	261	192	453	1,128	1,144	2,272	877	971	1,848	94	65

TABLE No. 2—COUNTY POOR-HOUSES — (Concluded).

INSTITUTIONS.	REMAINING OCTOBER 1, 1888.			ADMITTED DURING YEAR ENDING OCTOBER 1, 1889.			TOTAL IN CARE DURING YEAR ENDING OCTOBER 1, 1889.				REMAINING OCTOBER 1, 1889.		INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Albany.....	14	7	21	2	1	3	16	8	24	10	8	18	.....	3
Alegany.....	3	3	6	1	2	3	3	5	8	3	3	6	.....	2
Cayuga.....	14	9	23	1	2	3	15	10	25	6	7	13	.....	10
Chemung.....	.....	.....	.....	2	.....	2	2	.....	.....	.....	.....	.....	.....	.....
Columbia.....	10	13	23	.....	.....	.....	10	13	23	3	8	11	.....	12
Delaware.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dutchess.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Essex.....	7	5	12	.....	.....	.....	7	5	12	6	4	10	.....	2
Franklin.....	3	3	6	.....	.....	.....	3	3	6	.....	.....	.....	.....	.....
Fulton.....	8	6	14	1	1	2	8	7	15	8	7	15	.....	3
Genesee.....	5	1	6	1	.....	1	6	1	7	6	1	7	.....	1
Greene.....	3	7	10	.....	.....	.....	3	7	10	2	7	9	.....	1
Hamilton.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer.....	18	26	44	1	1	2	19	27	46	19	25	44	.....	.....
Livingston.....	26	36	62	8	5	13	34	41	75	23	32	54	.....	8
Monroe.....	3	3	6	.....	.....	.....	3	3	6	2	2	2	.....	4
Montgomery.....	8	11	19	1	1	2	9	12	21	7	12	19	.....	.....
Niagara.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ontario.....	4	3	7	.....	.....	.....	4	3	7	.....	.....	.....	.....	7
Orleans.....	1	3	4	1	.....	1	2	3	5	4	2	2	.....	2
Osego.....	9	6	15	.....	.....	.....	9	6	15	.....	.....	.....	.....	8
Putnam.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rensselaer.....	14	14	28	3	3	6	3	17	20	1	14	15	.....	1
Richmond.....	9	14	23	6	4	10	15	18	33	5	9	14	.....	9
Rockland.....	.....	5	5	.....	.....	.....	.....	5	5	.....	3	3	.....	2
St. Lawrence.....	15	25	40	.....	3	3	15	28	43	15	28	43	.....	3
Saratoga.....	9	8	17	.....	.....	.....	9	8	17	8	5	13	.....	4
Schenectady.....	2	2	4	1	1	2	1	1	3	2	1	3	.....	1
Schoharie.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Schuyler.....	1	4	5	.....	.....	.....	1	4	5	.....	4	9	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Steuben.....	1	3	4	2	.....	2	2	4	2	2	.....	2	.....	2
Sullivan.....	13	27	40	2	1	3	15	4	4	10	24	34	.....	6
Tompkins.....	4	4	8	.....	.....	.....	4	4	8	8	1	9	.....	7
Warren.....	2	2	4	1	2	3	3	4	7	2	3	5	.....	1

Washington	6	11	17	4	3	7	10	14	24	7	11	18	1	.....
Westchester .....	.....	.....	.....	22	13	35	22	13	35	3	2	5	5	.....
Yates .....	.....	1	1	.....	.....	.....	.....	1	1	.....	1	1	.....	.....
Total	195	260	455	57	42	89	262	270	554	229	156	385	18	88

PRIVATE ASYLUMS.

Bloomington	129	167	296	104	72	176	233	239	472	143	170	313	17	.....
Sanford Hall	14	16	30	3	2	5	17	18	35	11	14	25	.....	6
Marshall Infirmary	47	46	93	34	42	76	81	88	169	49	60	109	16	.....
Providence Asylum	28	98	126	29	47	76	57	145	202	24	95	119	.....	7
Brigham Hall	28	35	63	19	8	27	47	43	90	33	33	66	3	.....
St. Vincent's Retreat .....	.....	57	57	.....	30	30	.....	57	57	.....	59	59	2	.....
Long Island Home	40	44	84	34	28	62	74	72	146	45	42	87	3	.....
Brunswick Hall	8	3	11	19	32	51	27	35	62	14	21	35	24	.....
Louden Hall	3	6	9	5	11	16	8	17	25	3	9	12	3	.....
Keith Home .....	.....	14	14	.....	8	8	.....	22	22	.....	11	.....	.....	3
Dr. Brown's Home .....	.....	1	1	.....	.....	.....	.....	1	1	.....	1	1	.....	.....
Hill View .....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Dr. Choate's Home	2	6	8	2	3	5	4	9	13	2	5	7	.....	1
Dr. Parsons' Retreat .....	.....	1	1	1	4	5	1	5	6	.....	2	2	1	.....
Dr. Combes' Sanitarium .....	.....	.....	.....	7	.....	7	7	.....	7	6	.....	6	6	.....
Glen Mary	1	1	2	1	1	2	2	2	4	1	.....	1	.....	1
Dr. Kittredge's Asylum	1	1	2	.....	.....	.....	.....	.....	.....	1	1	2	.....	.....
Total	301	496	797	269	288	547	559	783	1,342	333	523	856	76	17

TABLE No. 3.

Showing assigned causes of insanity in 1,000 new cases admitted to State asylums during the year ending September 30, 1889.

	Men.	Women.	Total.
Arrest of mental development (imbecility)	9	2	11
Cerebral hæmorrhage	2	7	9
Chorea	1	1	1
Cinchonism	1	1	2
Congenital defect	4	...	4
Congenital defect and overwork	1	4	5
Electric shock	1	...	1
Epilepsy	35	13	48
Excessive study	1	1	2
Excessive use of tobacco . . . . .	...	1	1
General ill health	76	137	213
General paresis	40	3	43
Hereditary predisposition	6	...	6
Hypochondriasis	1	...	1
Ill health, from want and privation	1	2	3
Intemperance in drink	151	23	174
Intemperance in drink and opium	1	...	1
Isolated life	1	...	1
Locomotor ataxia	1	...	1
Loss of sleep	1	2	3
Masturbation	40	5	45
Meningitis	1	2	3
Change of life . . . . .	...	30	30
Menstrual irregularities . . . . .	...	9	9
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affection, disappointed ambition, political excitement, religious excitement, etc.	83	81	164
Nicotine poisoning	1	...	1
Old age	15	23	38
Opium habit	4	3	7
Overwork and worry	25	59	84
Miasmatic poisoning	2	...	2
Phthisis pulmonalis	2	5	7
Pneumonia	1	1	2
Polio-myelitis anterior . . . . .	...	1	1
Prolonged lactation . . . . .	...	2	2
Puerperal, including childbirth, abortion, etc . . . . .	...	33	33
Rheumatism	1	...	1
Scarlet fever	1	1	2
Sexual excesses	4	...	4

TABLE No. 3—(Concluded).

Showing assigned causes of insanity in 1,000 new cases admitted to State asylums during the year ending September 30, 1889.

	Men.	Women.	Total.
Spiritualism	1	....	1
Sunstroke	13	1	14
Surgical operation .....	....	1	1
Syphilis	5	2	7
Typhoid fever	3	....	3
Uterine disease .....	....	1	1
Vicious habits and indulgences	5	3	8
Total	540	460	1,000

TABLE No. 4.

[illegible]

[illegible]

FIRST ANNUAL REPORT OF THE

TABLE No. 4—(Concluded).

Showing the number and percentage of recoveries and deaths in the seven State asylums since date of opening, on the average daily number resident.

[illegible]

486	1371	8	3.5	62	11.9	.....	.....	.....	.....	67.06	6	8.94	2	2.96
564	1372	7	1.3	43	7.6	.....	.....	.....	.....	84.05	17	8.53	5	5.46
564	1373	6	1.8	45	6.6	.....	.....	.....	.....	84.05	17	12.20	4	4.45
827	1374	7	1.3	51	6.1	.....	.....	.....	.....	86.60	16	8.37	4	3.80
988	1375	3	3	45	5.2	.....	.....	.....	.....	100.50	17	11.71	9	8.90
1,076	1376	3	3	45	6.4	.....	.....	.....	.....	99.50	6	6.09	7	1.01
1,297	1377	3	1.0	79	6.4	.....	.....	.....	.....	113.75	5	5.27	3	2.63
1,340	1378	6	4	87	5.5	.....	.....	.....	.....	128.60	6	4.74	6	4.74
1,480	1379	6	3	55	5.5	.....	.....	.....	.....	128.60	14	9.84	4	2.81
1,680	1380	8	5	55	5.5	.....	.....	.....	.....	143.95	12	8.63	5	3.61
1,695	1381	7	1.4	94	5.5	.....	.....	.....	.....	138.16	11	7.99	4	2.90
1,769	1382	13	1	117	6.6	156	4	3.55	14	8.97	137.57	11	7.99	4	2.90
1,748	1383	15	8	87	4.9	341	11	3.22	40	11.73	147.21	16	10.86	2	1.36
1,748	1384	13	7	111	6.2	592	15	2.98	47	9.38	152.58	17	11.14	2	1.31
1,835	1385	17	9	137	6.9	674	18	2.67	58	8.60	166.30	13	7.81	3	1.05
1,885	1386	13	6	139	7.6	852	17	1.99	80	9.38	194.30	17	8.74	4	2.05
1,887	1387	10	5	117	6.5	994	10	1.6	87	8.75	207.21	22	11.68	7	3.37
1,810	1388	14	7	129	6.8	1,053	9	1.64	81	7.69	209.22	24	10.51	3	1.43
1,892	1389	20	1	113	5.1	1,100	19	1.72	69	6.27	219.53	11	5.01	10	4.55

TABLE No. 4—(Concluded).
 Showing the number and percentage of recoveries and deaths in the seven State asylums since date of opening, on the average daily number resident.

YEAR.	WILLARD ASYLUM.					BINGHAMTON ASYLUM.					STATE ASYLUM FOR INSANE CRIMINALS.				
	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1843.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1844.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1845.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1846.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1847.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1848.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1849.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1850.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1851.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1852.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1853.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1854.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1855.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1856.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1857.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1858.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1859.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1860.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1861.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1862.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1863.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1864.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1865.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1866.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1867.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1868.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1869.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1870.....	226	8	3.5	14	6.2	.....	.....	.....	.....	.....	78	8	10.25	4	5.12
											79.50	6	7.72	3	3.86
											77.63	6	7.72	3	3.86
											74.35	1	1.34	1	1.34
											70.22	2	2.84	3	4.27
											72.66	2	2.75	2	2.75
											79.08	4	5.05	1	1.27
											80.10	5	6.24	2	2.49
											78.66	5	6.34	2	2.49
											62	9	11.44	1	1.26
											48	2	3.22	4	6.45
											27.33	6	12.37	.....	.....

1871	436	8	3.5	53	11.9	.....	.....	.....	.....	67.06	6	8.94	2	2.98
1872	564	7	1.2	43	7.6	.....	.....	.....	.....	84	7	8.33	5	6.96
1873	727	6	.8	46	6.6	.....	.....	.....	.....	90.06	11	12.20	4	4.48
1874	837	7	.8	51	6.1	.....	.....	.....	.....	95.60	8	8.37	4	4.18
1875	938	3	.3	49	5.2	.....	.....	.....	.....	105	11	10.47	4	3.90
1876	1,076	3	.3	65	6.	.....	.....	.....	.....	100.50	17	11.94	9	8.90
1877	1,237	2	.10	79	6.4	.....	.....	.....	.....	98.60	6	6.09	1	1.01
1878	1,340	6	.4	87	6.5	.....	.....	.....	.....	113.75	6	5.27	3	2.63
1879	1,430	6	.3	85	3.8	.....	.....	.....	.....	126.50	6	4.74	6	4.74
1880	1,628	5	1.	89	5.5	.....	.....	.....	.....	142.35	14	9.84	4	2.81
1881	1,696	16	.4	94	5.5	.....	.....	.....	.....	138.16	12	8.68	5	3.61
1882	1,759	7	1.	117	6.6	.....	.....	.....	.....	137.57	11	7.99	4	2.90
1883	1,748	18	.8	87	4.9	156	4	2.56	14	8.97	11	7.99	4	2.90
1884	1,790	15	.7	111	6.2	341	11	3.22	40	11.73	17	10.96	2	1.36
1885	1,835	13	.9	127	6.9	692	15	2.98	47	9.36	17	11.14	2	1.31
1886	1,835	17	.6	139	7.6	674	18	2.67	58	8.60	13	7.81	3	1.80
1887	1,810	13	.5	117	7.6	862	17	1.99	80	9.38	17	8.74	4	2.05
1888	1,892	10	.7	129	6.8	994	10	1.6	87	8.75	24	11.68	7	3.37
1889	2,004	20	1.	113	5.1	1,053	28	2.65	81	7.69	22	10.51	3	1.43
						1,100	19	1.72	69	6.27	11	5.01	10	4.55

[illegible]

* Includes cases of Intemperance, opium habit, etc., etc.

NOTE.—The forms adopted in the foregoing table are taken from the returns of the several institutions.

TABLE No. 5 — (Concluded).
Showing forms of insanity in admissions, recoveries and deaths at the seven State asylums during the year ending September 30, 1889

FORM OF INSANITY.	WILLARD ASYLUM FOR CHRONIC INSANE.			BINGHAMTON ASYLUM FOR CHRONIC INSANE.			STATE ASYLUM FOR INSANE CRIMINALS.			TOTAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	13	2	1	9	6	.....	22	.....	.....	283	152	14
Mania, sub-acute.....	.....	1	.....	10	3	2	.....	.....	.....	126	36	6
Mania, acute delirious.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Mania, paroxysmal.....	3	.....	1	5	2	2	.....	.....	.....	11	2	3
Mania, periodic.....	6	1	.....	4	.....	1	6	.....	.....	19	3	1
Mania, puerperal.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....
Mania, recurrent.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	.....
Mania, chronic.....	50	3	22	31	2	9	14	.....	2	205	11	58
Melancholia (not classified).....	47	12	11	19	5	14	15	9	2	492	186	86
Melancholia, acute.....	.....	.....	2	.....	1	1	.....	.....	.....	57	37	.....
Melancholia, acute delirious.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Melancholia, chronic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Melancholia, with stupor.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	1	5
Melancholia, not classified.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Dementia, secondary.....	106	.....	40	36	.....	21	6	1	3	300	21	98
Dementia, alcoholic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	.....	.....
Dementia, masturbatory.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	18	12	1
Dementia, paralytic.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	4	.....
Dementia, senile.....	.....	.....	13	10	.....	.....	.....	.....	.....	3	1	.....
Congenital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	22	.....	15
Idiocy, congenital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	.....	.....
Epilepsy.....	.....	.....	.....	6	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy, insanity.....	20	.....	14	19	.....	.....	.....	.....	.....	39	.....	15
Epilepsy with dementia.....	.....	.....	.....	.....	.....	.....	8	.....	.....	.....	.....	.....
Epilepsy with mania.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	20	.....	.....
Epilepsy with melancholia.....	.....	.....	.....	.....	.....	8	.....	.....	.....	18	.....	8

[illegible]

[illegible]

TABLE No. 7.
Showing the first and subsequent admissions of those admitted to State asylums during the year.

NUMBER OF ADMISSIONS.	STATE LUNATIC ASYLUM.		HUDSON RIVER STATE HOSPITAL.		STATE HONGKONG-PATHIC ASYLUM.*		BUFFALO ASYLUM.		WILLARD ASYLUM.		BINGHAMTON ASYLUM.*		STATE ASYLUM FOR INSANE CRIMINALS.	
	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.	Cases admitted.	Times previously charged re-covered.
Not insane.....	117	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
First.....	388	28	267	.....	.....	.....	267	.....	263	1	.....	.....	62	.....
Second.....	38	10	23	12	.....	.....	22	9	13	1	.....	.....	8	4
Third.....	15	4	2	2	.....	.....	4	2	1	.....	.....	.....	3	8
Fourth or more....	8	3	6	5	.....	.....	.....	.....	1	.....	.....	.....	1	.....
Total cases.....	486	45	293	19	.....	.....	293	11	268	2	.....	.....	74	7
Total persons.....	488	.....	293	.....	.....	.....	293	.....	268	.....	.....	.....	.....	.....

* Failed to report

† Cases of intemperance, opium habit, etc.

TABLE No. 8.

*Showing hereditary transmission, civil condition and degree of education
in 1,813 cases admitted to State asylums during the year.*

HEREDITARY TRANSMISSION.	
Paternal branch	117
Maternal branch.....	185
Paternal and maternal branches.....	21
Collateral branches.....	159
No hereditary tendency ascertained.....	1,331
Total.....	<u>1,813</u>
CIVIL CONDITION.	
Single	797
Married	798
Widowed	186
Divorced.....	6
Unascertained.....	26
Total.....	<u>1,813</u>
DEGREE OF EDUCATION.	
Collegiate.....	27
Academic	117
Common school.....	1,130
Read and write.....	138
Read only	102
No education.....	134
Deaf-mute	1
Unascertained.....	164
Total.....	<u>1,813</u>

TABLE No. 9.

Showing duration of insanity previous to admission, and the period under treatment of 469 cases discharged recovered from the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Under one month.....	26	20	20	31	....	2	1
One to three months.....	31	30	28	23	....	1	....
Three to six months.....	15	18	21	10	....	2	1
Six to nine months.....	16	4	15	3	....	1	1
Nine months to one year.....	4	3	....	4	11	....	1
One year to eighteen months.....	20	4	....	2	2	....	1
Eighteen months to two years.....	....	2	12	3	....	....	....
Two to three years.....	1	4	....	1	3	4	1
Three to four years.....	....	....	....	1	....	....	....
Four to five years.....	1	1	4	1	....	1	....
Five to ten years.....	1	3	1	1	....	5	....
Ten to twenty years.....	....	....	....	5	....	1	....
Unascertained.....	11	13	....	5	4	2	5
Total.....	126	102	101	90	20	19	11

PERIOD UNDER TREATMENT.

Under one month.....	2	....	2	....	....	....	....
One to three months.....	15	23	14	11	....	4	....
Three to six months.....	41	42	23	25	....	3	3
Six to nine months.....	29	16	23	21	....	....	1
Nine months to one year.....	15	4	20	12	15	4	2
One year to eighteen months.....	19	5	8	10	4	1	2
Eighteen months to two years.....	3	5	6	1	....	2	1
Two to three years.....	3	2	5	5	....	1	1
Three to four years.....	1	3	....	3	1	1	1
Four to five years.....	....	....	....	....	....	3	....
Five to ten years.....	....	1	2	....	....	....	....
Total.....	126	102	101	90	20	19	11

TABLE No. 10.

Showing duration of insanity and the period under treatment of patients discharged not recovered from State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Under one month.....	32	13	....	16	....	5	7
One to three months.....	21	14	....	16	....	....	4
Three to six months.....	24	13	....	7	....	....	4
Six to nine months.....	15	11	....	11	....	....	2
Nine months to one year.....	12	....	....	15	18	2	....
One year to eighteen months.....	23	12	....	4	2	3	3

* Failed to report.

TABLE No. 10—(Concluded).

Showing duration of insanity and the period under treatment of patients discharged not recovered from State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals
Eighteen months to two years	11	1	...	9	...	1	...
Two to three years	15	3	...	7	7	7	1
Three to four years .....	...	6	...	2	2	4	...
Four to five years	13	1	...	7	3	3	...
Five to ten years	10	10	...	2	8	4	...
Ten to twenty years	8	5	...	4	8	6	2
Twenty to thirty years	4	3	...	...	2	1	...
Over thirty years .....	...	3	...	15	4	...	...
Unascertained	24	81	...	5	12	9	19
Inebriates .....	...	...	...	9	...	...	...
Morphine habit .....	...	...	...	1	...	...	...
Total	212	181	...	130	67	45	45

PERIOD OF TREATMENT.

Under one month	8	4	...	11	...	...	...
One to three months	15	16	...	7	...	4	...
Three to six months	15	10	...	16	...	8	5
Six months to nine months	14	13	...	8	...	2	4
Nine months to one year	24	6	...	5	33	4	2
One year to eighteen months	49	23	...	17	...	4	4
Eighteen months to two years	32	16	...	8	...	1	...
Two to three years	42	24	...	37	21	6	6
Three to four years .....	...	12	...	10	...	5	9
Four to five years	12	2	...	1	5	5	8
Five to ten years	1	5	...	...	4	6	5
Ten to twenty years .....	...	...	...	...	4	...	3
Twenty to thirty years .....	...	...	...	...	...	...	4
Inebriates and morphia habit .....	...	...	...	10	...	...	...
Total	212	181	...	130	67	45	45

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of patients who died at the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals
Under one month	7	3	...	3	...	...	1
One to three months	10	5	...	7	...	1	...
Three to six months	5	2	...	9	...	1	1
Six to nine months	5	4	...	3	...	...	...

* Failed to report.

TABLE No. 11 — (Concluded).

Showing the duration of insanity previous to admission and the period under treatment of patients who died at the seven State asylums during the year.

DURATION BEFORE ADMISSION.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.*	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
Nine months to one year.....	2	1	....	4	9	....	....
One year to eighteen months.....	14	5	....	2	....	4	....
Eighteen months to two years.....	1	1	....	3	12	2	....
Two to three years.....	10	1	....	....	17	15	....
Three to four years.....	4	1	....	2	6	7	....
Four to six years.....	....	....	....	....	7	1	....
Six to ten years.....	2	4	....	1	16	10	....
Ten to twenty years.....	1	1	....	2	11	3	....
Twenty years and over.....	1	1	....	1	6	2	....
Unascertained.....	7	17	....	1	29	23	8
Total.....	69	46	....	38	113	69	10

PERIOD UNDER TREATMENT.

Under one month.....	10	8	9	9	....	4	....
One to three months.....	8	7	1	4	....	3	....
Three to six months.....	13	6	....	7	....	4	2
Six to nine months.....	9	4	....	3	....	3	....
Nine months to one year.....	4	5	1	6	41	3	1
One year to eighteen months.....	12	5	4	....	....	7	....
Eighteen months to two years.....	2	3	....	2	17	5	....
Two to three years.....	4	2	....	3	5	13	2
Three to four years.....	1	2	....	1	4	12	1
Four to six years.....	....	2	....	3	3	7	....
Five to ten years.....	1	2	....	....	22	8	....
Ten to twenty years.....	3	....	....	....	21	....	3
Twenty years and over.....	2	....	....	....	....	....	1
Total.....	69	46	15	38	113	69	10

TABLE No. 12.

Showing ages of 1,813 patients admitted during the year ending September 30, 1889, to the seven State asylums.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From five to ten years.....	....	1	....	....	....	....	....
From ten to fifteen years.....	2	....	2	2	....	....	....
From fifteen to twenty years.....	27	9	10	22	10	8	4
From twenty to twenty-five years.....	40	43	22	21	....	9	19
From twenty-five to thirty years.....	60	43	32	43	46	22	21
From thirty to thirty-five years.....	53	41	34	44	....	18	13
From thirty-five to forty years.....	52	20	41	33	55	14	8

*Failed to report.

TABLE No. 12 — (Concluded).

Showing ages of 1,813 patients admitted during the year ending September 30, 1889, to the seven State asylums.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From forty to fifty years	118	59	61	70	58	38	7
From fifty to sixty years	63	44	23	37	40	25	1
From sixty to seventy years	39	22	14	12	24	18	1
From seventy to eighty years	11	13	11	8	30	8	...
From eighty to ninety years	1	3	...	1	5	9	...
From ninety to 100 years .....	...	...	...	...	...	1	...
Total	466	298	250	293	268	164	74

TABLE No. 13.

Showing ages of 469 patients discharged recovered from the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From ten to twenty years	9	7	...	6	...	...	...
From twenty to thirty years	35	36	...	...	6	5	...
From thirty to forty years	37	21	...	34	7	6	3
From forty to fifty years	29	21	...	15	4	4	1
From fifty to sixty years	10	10	...	10	3	3	...
From sixty to seventy years	6	7	...	1	...	...	...
From seventy to eighty years .....	...	...	...	1	...	1	...
Total	126	102	101	90	20	19	11

TABLE No. 14.

Showing ages of 360 patients who died at the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.
From ten to fifteen years .....	...	1	...	...	...	...	...
From fifteen to twenty years	1	...	...	...	...	1	...
From twenty to twenty-five years	1	1	1	...	3	4	...
From twenty-five to thirty years	4	2	1	3	...	8	3
From thirty to thirty-five years	4	1	2	...	5	8	...

TABLE No. 14— (Concluded).

Showing ages of 360 patients who died at the seven State asylums during the year.

AGE.	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals
From thirty-five to forty years	7	2	2	12	16	7	....
From forty to fifty years	19	13	6	7	20	13	1
From fifty to sixty years	15	9	...	10	21	13	3
From sixty to seventy years	8	5	1	3	25	7	2
From seventy to eighty years	9	10	2	2	12	6	....
From eighty to ninety years	1	1	...	1	5	2	....
Over ninety years .....	....	1	....	....	....	....	....
Total	69	46	15	38	113	69	10

TABLE No. 15.

Showing alleged duration of insanity previous to admission in 1813 cases admitted to the State asylums during the year.

Under one month	212
One to three months	230
Three to six months	192
Six to nine months	72
Nine months to one year	118
One year to eighteen months	101
Eighteen months to two years	68
Two to three years	169
Three to four years	47
Four to five years	59
Five to ten years	116
Ten to fifteen years	20
Fifteen to twenty years	48
Twenty to thirty years	32
Thirty years and upwards	16
Not insane	30
Congenital	1
Unascertained	282
Total	1,813

TABLE No. 16.

Showing period of residence in asylum of those remaining under treatment in the State asylums September 30, 1889.

Under one month.....	100
One to three months.....	224
Three to six months.....	344
Six to nine months.....	254
Nine months to one year.....	184
One year to eighteen months.....	415
Eighteen months to two years.....	389
Two to three years.....	490
Three to four years.....	371
Four to five years.....	342
Five to ten years.....	1,085
Ten to fifteen years.....	503
Fifteen to twenty years.....	395
Twenty to thirty years.....	11
Thirty years and upwards.....	10
Total.....	<u>5,017</u>

TABLE No. 17.

Occupations and trades of 1,813 patients admitted to the seven State asylums during the year ending September 30, 1889.

Agents.....	6
Artist.....	1
Asylum attendant.....	1
Author.....	1
Bakers.....	4
Barbers.....	12
Barkeepers.....	3
Basketmaker.....	1
Blacksmiths.....	11
Boatmen.....	6
Boilermakers.....	2
Book-agents.....	2
Bookkeepers.....	16
Bootblack.....	1
Brakemen.....	4
Brass-finisher.....	1

Brewer	1
Bricklayers	4
Broker	1
Butchers	10
Carriage painter	1
Carpenters	27
Chemists	3
Chiropodist	1
Christian worker	1
Cigar dealer	1
Cigarmakers	7
Civil engineers	4
Clergymen	3
Clerks	42
Cloth designer	1
Coachmen	12
Contractors	2
Cooks	7
Coopers	3
Cutler	1
Dentists	3
Dressmakers	2
Drivers	5
Druggists	3
Editor	1
Electrician	1
Engineers	3
Expressmen	3
Factory operatives	53
Farmers and farm laborers	163
Finisher	1
Firemen	6
Fisherman	1
Fish peddler	1
Foreman	1
Fruiterer	1
Furrier	1
Gardeners	6
Glassblowers	2
Glovemaker	1
Grocers	2

Hackman	1
Harness makers	2
Hatters	3
Hotel keepers	5
Horse trader	1
Horse trainers	4
Housekeepers	454
Houseworkers	165
Inspector of vessels	1
Insurance agents	3
Jewelers	5
Journalists	4
Laborers	196
Lace maker	1
Laundresses	3
Lawyers	15
Letter carrier	1
Lime burner	1
Liquor dealer	1
Lithographer	1
Locomotive fireman	1
Lumber dealer	1
Lumberman	1
Machinists	12
Manufacturers	2
Mariners	3
Masons	10
Mechanic	1
Merchants	38
Milkman	1
Millers	4
Millhand	1
Milliners	3
Millwright	1
Miners	4
Minister	1
Molders	18
Musician	1
Night watchman	1
Oystermen	2

Painters and varnishers	14
Paper maker	1
Pattern makers	2
Peddlers	5
Photographers	2
Physicians	7
Piano maker	1
Plumbers	2
Policemen	4
Printers	12
Prostitutes	2
Puddler	1
Rag picker	1
Railroad conductor	1
Railroad employés	10
Real estate agents	2
Rope makers	2
Saddler	1
Sailors	4
Salesmen and saleswomen	9
Saloon keepers	3
Sashmaker	1
Sawyer	1
School girls	2
Seamen and boatmen	3
Seamstresses	17
Shirt ironer	1
Shirt cutter	1
Shoemakers	16
Silk warper	1
Silk weaver	1
Speculators	2
Spiritual mediums	2
Stenographers	3
Stonecutters	5
Storekeeper	1
Students	12
Switchman	1
Tailors and tailoresses	21
Tanners	4
Teachers	22

STATE COMMISSION IN LUNACY.

113

Teamsters.....	4
Telegraph operators	3
Tinsmiths.....	2
Upholsterer.....	1
Waiters and waitresses.....	2
Washerwomen.....	2
Watchman.....	1
Weavers	7
Wheelwright.....	1
Wood carvers	5
Wood engraver.....	1
Workers in metal	4
Worker in rubber	1
Workers in stone.....	3
Workers in wood.....	4
No occupation.....	120
Unascertained.....	12
Total.....	<u>1,813</u>

Painters and varnishers	14
Paper maker	1
Pattern makers	2
Peddlers	5
Photographers	2
Physicians	7
Piano maker	1
Plumbers	2
Policemen	4
Printers	12
Prostitutes	2
Puddler	1
Rag picker	1
Railroad conductor	1
Railroad employés	10
Real estate agents	2
Rope makers	2
Saddler	1
Sailors	4
Salesmen and saleswomen	9
Saloon keepers	3
Sashmaker	1
Sawyer	1
School girls	2
Seamen and boatmen	3
Seamstresses	17
Shirt ironer	1
Shirt cutter	1
Shoemakers	16
Silk warper	1
Silk weaver	1
Speculators	2
Spiritual mediums	2
Stenographers	3
Stonecutters	5
Storekeeper	1
Students	12
Switchman	1
Tailors and tailoresses	21
Tanners	4
Teachers	22

STATE COMMISSION IN LUNACY.

113

Teamsters.....	4
Telegraph operators	3
Tinsmiths.....	2
Upholsterer.....	1
Waiters and waitresses.....	2
Washerwomen.....	2
Watchman.....	1
Weavers	7
Wheelwright.....	1
Wood carvers	5
Wood engraver.....	1
Workers in metal	4
Worker in rubber	1
Workers in stone.....	3
Workers in wood.....	4
No occupation.....	120
Unascertained.....	12
Total	<u>1,813</u>

TABLE No. 18.

Showing the nativity of 1,813 patients admitted to the seven State asylums during the year.

	State Lunatic Asylum.	Hudson River State Hospital.	State Homoeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Binghamton Asylum.	State Asylum for Insane Criminals.	Aggregate.
Total admissions	466	298	250	293	268	164	74	1,813
Total born in United States	328	201	201	202	160	98	60	1,260
Canada	9	10	2	13	2	5	...	41
Denmark	1	1	...	1	...	...	...	3
England	17	6	10	10	11	...	3	57
France	2	...	2	1	...	1	...	6
Germany	34	20	13	31	17	12	3	130
Holland	1	...	...	1	...	...	...	2
Ireland	63	51	19	19	50	45	4	251
Italy .....	...	1	...	1	1	...	2	5
New Brunswick .....	...	...	1	...	...	...	...	1
Newfoundland .....	...	...	...	1	...	...	...	1
Norway .....	...	...	...	2	...	...	...	2
Poland	1	...	...	1	1	...	...	3
Russia .....	...	...	...	2	...	...	...	2
Scotland	3	4	...	4	3	1	...	15
Sweden .....	...	1	...	3	1	...	...	5
Switzerland	1	3	2	...	...	2	...	8
Wales	1	...	...	1	...	...	...	2
Total foreign born	134	97	49	91	86	66	14	537
Unascertained	4	...	...	...	22	...	...	26

TABLE No. 19.

Showing residence by counties of patients admitted to the seven State asylums during the year.

COUNTIES.	State Lunatic Asylum.	Hudson River State Hospital.	State Homeopathic Asylum.	Buffalo State Asylum.	Willard Asylum.	Benjamin Franklin Asylum.	State Asylum for Insane Criminals.
Albany	56	9	5	...	6	30	1
Alleghany .....	...	...	...	10	5	6	...
Broome	14	...	5	...	...	1	...
Cattaraugus .....	...	...	...	6	...	...	...
Cayuga	32	...	...	...	9	...	...
Chautauqua .....	...	...	1	7	...	...	...
Chemung	1	...	4	17	12	1	...
Chenango	12	...	...	...	...	3	...
Columbia .....	...	12	...	...	...	...	...
Cortland .....	...	18	...	...	6	...	...
Cortland	4	...	...	...	...	1	...
Delaware	8	...	9	...	...	1	...
Dutchess .....	...	68	1	...	7	6	...
Erie	1	...	1	128	3	...	...
Essex	9	...	...	...	...	2	...
Franklin	4	...	...	...	5	...	...
Fulton	7	...	1	...	6	2	...
Genesee	1	...	...	7	3	...	...
Greene .....	...	14	...	...	...	...	...
Hamilton .....	...	...	...	...	...	...	...
Herkimer	19	...	...	...	...	...	...
Jefferson	18	...	...	...	3	...	...
Kings .....	...	3	7	...	...	1	...
Lewis	10	...	...	...	1	...	...
Livingston	1	...	2	4	...	...	...
Madison	21	...	...	...	...	...	...
Monroe .....	...	...	1	36	3	...	...
Montgomery	24	1	...	...	3	4	...
New York .....	...	28	26	...	...	...	1
Niagara .....	...	...	...	20	14	...	...
Oneida	100	...	2	...	1	...	1
Onondaga	38	...	19	...	12	5	...
Ontario .....	...	...	...	2	30	...	...
Orange .....	...	2	1	...	...	7	...
Orleans .....	...	...	69	7	5	...	...
Oswego	34	...	...	...	...	...	...
Otsego	3	...	...	...	6	18	...
Putnam .....	...	5	...	...	...	2	...
Queens .....	...	32	2	...	18	...	...
Rensselaer	1	36	8	...	2	31	...
Richmond .....	...	3	7	...	...	...	...
Rockland .....	...	...	18	...	...	...	...
St. Lawrence	27	...	1	...	...	5	1
Saratoga	2	...	14	...	5	12	...
Schenectady	3	...	...	...	3	...	...
Schoharie .....	...	...	1	...	3	5	...
Schuyler .....	...	...	...	...	5	...	...
Seneca .....	...	...	...	...	10	...	...
Steuben .....	...	...	1	31	6	8	...
Suffolk	2	1	22	...	...	5	1
Sullivan .....	...	...	6	...	...	...	...
Tioga .....	...	...	3	...	...	1	...
Tompkins .....	...	...	...	...	18	1	...
Ulster .....	...	20	18	...	...	...	...
Warren .....	...	2	5	...	3	4	...
Washington	12	...	1	...	5	...	...
Wayne	2	...	...	11	6	...	...
Westchester .....	...	44	3	...	32	...	...
Wyoming .....	...	...	...	6	...	...	...
Yates .....	...	...	...	...	11	...	...
State patients .....	...	...	...	1	1	...	69
Other States .....	...	...	1	...	...	...	...
Soldiers' Home .....	...	...	...	...	...	2	...
Total	466	298	250	293	268	164	74

TABLE No. 20.
Residence by counties and classification of patients remaining in State asylums September 30, 1889.

COUNTIES.	STATE LUNATIC ASYLUM.		HUDSON RIVER STATE HOSPITAL.		STATE HOMOEOPATHIC ASYLUM.		BUFFALO STATE ASYLUM.		WILLARD ASYLUM.		BINGHAMTON ASYLUM.		STATE ASYLUM FOR INSANE CRIMINALS.	
	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.
Total.....	633	121	402	91	311	263	368	45	2,030		1,108		219	
Albany.....	78	10	13	4	13	3	18	2	157		188		9	
Allegany.....	8	1			5	2			1		6		1	
Broome.....	49	4			2	2	4		70		15		1	
Cattaraugus.....	2				1	3	21	3	89		1		2	
Chemung.....	25	1	24		3	2					14		1	
Chenango.....			24	3					3		3		1	
Columbia.....	7	1			7				36		23		1	
Cortland.....	2		1		1				25		41			
Delaware.....	3		69	13	1	2			97		41		3	
Dutchess.....	13	2					148	14	60		8		1	
Erie.....	10	3							12		1		1	
Essex.....									36		20			
Franklin.....									19		13			
Fulton.....			14	5		1	7	1	17					
Genesee.....	20	10							2		2		1	
Hamilton.....	19	10							10		11		4	
Herkimer.....	12	1	6	8	14	20		1	34		1		5	
Jefferson.....	1	1							8		3		3	
Kings.....	13	1						5	6					
Lewis.....	12	1							7		9			
Livingston.....	13	1			2	3							5	
Madison.....	1	2			2		38	9	15					
Monroe.....	24	3	40						34		19		15	
Montgomery.....	3				24	71			105				1	
New York.....	99	25			1	1	30	2					2	
Niagara.....	57	4			2	3			53		43		1	
Oneida.....														
Onondaga.....					17	8								

Ontario.....	2	1	5	99	.....	.....	1
Orange.....	.....	54	.....	2	.....	.....	.....
Orleans.....	.....	.....	18	31	.....	.....	.....
Oswego.....	.....	.....	.....	20	.....	1	3
Otsego.....	.....	.....	.....	19	.....	44	.....
Putnam.....	.....	.....	.....	16	.....	8	.....
Queens.....	34	1	6	67	.....	.....	1
Rensselaer.....	63	2	.....	107	.....	170	2
Richmond.....	13	9	.....	26	.....	4	2
Rockland.....	1	.....	.....	10	.....	9	1
St. Lawrence.....	1	.....	.....	45	.....	6	2
Saratoga.....	.....	.....	.....	23	.....	61	.....
Schenectady.....	.....	16	2	39	.....	.....	.....
Schoharie.....	.....	1	.....	27	.....	12	1
Schuyler.....	.....	.....	.....	42	.....	1	.....
Seneca.....	.....	.....	.....	69	.....	.....	1
Steuben.....	.....	1	.....	44	.....	80	.....
Suffolk.....	3	.....	44	4	.....	90	3
Sullivan.....	.....	2	.....	.....	.....	8	.....
Tioga.....	.....	1	.....	.....	.....	6	.....
Tompkins.....	.....	.....	.....	55	.....	1	1
Ulster.....	37	7	.....	12	.....	13	6
Warren.....	10	3	.....	6	.....	12	3
Washington.....	.....	1	.....	29	.....	13	5
Wayne.....	.....	.....	.....	13	.....	.....	1
Westchester.....	.....	.....	4	165	.....	99	.....
Wyoming.....	43	8	7	7	.....	.....	1
Yates.....	.....	.....	.....	48	.....	.....	.....
State patients.....	.....	.....	.....	16	.....	18	134
Soldiers' Home.....	.....	.....	1	12	.....	7	.....
City of Kingston.....	.....	.....	.....	9	.....	18	.....
City of Newburgh.....	.....	.....	.....	12	.....	.....	.....
Other States.....	.....	1	.....	.....	.....	.....	.....
Insane Indians.....	.....	.....	.....	1	.....	.....	.....

TABLE No. 20.

Residence by counties and classification of patients remaining in State asylums September 30, 1889.

COUNTIES.	STATE LUNATIC ASYLUM.		HUDSON RIVER STATE HOSPITAL.		STATE HOMOEOPATHIC ASYLUM.		BUFFALO STATE ASYLUM.		WILLARD ASYLUM.		BINGHAMTON ASYLUM.		STATE ASYLUM FOR INSANE CRIMINALS.	
	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.	Public.	Private.
Total	533	121	402	91	311	263	358	45	2,030	.....	1,108	.....	219	.....
Albany	78	10	13	4	13	3	.....	.....	157	.....	188	.....	9	.....
Allegany .....	.....	.....	.....	.....	.....	.....	18	2	30	.....	19	.....	.....	.....
Broome	8	1	.....	.....	6	3	.....	.....	1	.....	6	.....	.....	.....
Cattaraugus .....	.....	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	.....	.....	.....
Cayuga	49	4	.....	.....	2	2	.....	.....	70	.....	15	.....	1	.....
Chautauqua .....	.....	.....	.....	.....	.....	.....	3	5	.....	.....	.....	.....	3	.....
Chemung	2	2	.....	.....	1	3	21	3	89	.....	1	.....	1	.....
Chenango	25	3	.....	.....	3	3	.....	.....	.....	.....	14	.....	.....	.....
Clinton .....	.....	1	24	.....	.....	.....	.....	.....	3	.....	3	.....	1	.....
Columbia .....	.....	3	24	3	.....	.....	.....	.....	36	.....	23	.....	.....	.....
Delaware	7	1	1	.....	7	2	.....	.....	25	.....	41	.....	.....	.....
Dutchess	2	2	69	13	1	3	.....	.....	97	.....	41	.....	.....	.....
Erie .....	.....	.....	.....	.....	.....	.....	148	14	60	.....	.....	.....	2	.....
Essex	13	2	.....	.....	.....	.....	.....	.....	12	.....	8	.....	1	.....
Franklin	5	.....	.....	.....	.....	.....	.....	.....	36	.....	.....	.....	.....	.....
Fulton	10	3	.....	.....	.....	1	.....	.....	28	.....	20	.....	.....	.....
Genesee .....	.....	.....	14	5	.....	.....	7	.....	19	.....	13	.....	.....	.....
Greene .....	.....	.....	.....	.....	.....	1	.....	1	17	.....	.....	.....	.....	.....
Hamilton .....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Herkimer	20	10	.....	.....	.....	.....	.....	.....	10	.....	2	.....	.....	.....
Jefferson	19	10	.....	.....	.....	.....	.....	.....	34	.....	11	.....	4	.....
Kings .....	.....	1	6	8	14	20	.....	.....	.....	.....	.....	.....	5	.....
Lewis	12	1	.....	.....	.....	.....	5	2	8	.....	3	.....	.....	.....
Livingston	1	1	.....	.....	.....	.....	.....	.....	7	.....	.....	.....	.....	.....
Madison .....	.....	.....	.....	.....	2	3	.....	.....	.....	.....	6	.....	.....	.....
Monroe	1	2	.....	.....	.....	.....	38	9	15	.....	.....	.....	.....	.....
Montgomery	24	8	.....	.....	.....	.....	.....	.....	34	.....	19	.....	.....	.....
New York	3	3	40	28	24	71	15
Niagara	30	2	1
Oswego	99	25	2	2	105	3
Onondaga	57	4	17	8	53	43	1

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1889

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TABLE No. 21.

*Showing the number of idiots and epileptics in county poor-houses
October 1, 1889.*

COUNTIES.	IDIOTS.			EPILEPTICS.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	2		2	1	1	2
Allegheny.....	4	4	8	1	2	3
Broome.....	6	1	7	8		8
Cattaraugus.....						
Cayuga.....	1	1	2	3	2	5
Chautauqua.....	3	4	7	6	4	10
Chemung.....				2	4	6
Chenango.....				2		2
Clinton.....	12	7	19	2	2	4
Columbia.....	8	4	12	3	1	4
Cortland.....				3		3
Delaware.....						
Dutchess.....				1		1
Erle.....						
Essex.....	1	2	3	17	9	26
Franklin.....	5	3	8	2		2
Fulton.....	1	1	2	2		2
Genesee.....	2	1	3	2		2
Greene.....	1	1	2	1		1
Hamilton.....	3	1	4			
Herkimer.....						
Jefferson.....	4	4	8	1	3	4
Kings.....				3	1	4
Lewis.....				67	48	115
Livingston.....	6			1		1
Madison.....		2	2	4	3	7
Monroe.....	3			3	4	7
Montgomery.....	4	3	7	4	4	8
New York.....	198	123	321	4	5	9
Niagara.....						
Oneida.....	1		1			
Onondaga.....		2	2	6	7	12
Ontario.....				2	2	4
Orange.....						
Orleans.....				2	1	3
Oswego.....		1	1			
Otsego.....	1		1	1	3	4
Putnam.....	6	4	10	2	1	3
Queens.....	4	1	5			
Rensselaer.....	1		1	6		6
Richmond.....	1		1	2		2
Rockland.....		1	1		1	1
St. Lawrence.....	2		2		2	2
Saratoga.....	9	15	24	8	8	16
Schenectady.....	2	7	9		3	3
Schoharie.....	1	3	4	1		1
Schuyler.....				1	2	3
Seneca.....						
Steuben.....	1	3	4			
Suffolk.....	5		5	1	1	2
Sullivan.....	1		1	5	2	7
Tioga.....	6		6			
Tompkins.....	1		1	4		4
Ulster.....	1	1	2	2	1	3
Warren.....		2	2	1		1
Washington.....	2	1	3	3		3
Wayne.....	1		1	2	2	4
Westchester.....				3	2	5
Wyoming.....	4		4			
Yates.....	3	4	7			
Total.....	317	207	524	196	138	334